SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER	PAGE	OF
	1	63

2. CONTRACT NO.	3. AWARD/ EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE
70CDCR20D00000008			70CDCR20R00000002	10/16/2019

7. FOR SOLICITATION INFORMATION CALL:	a. NAME	b. TELEPHONE NUMBER (No collect calls)	8. OFFER DUE DATE/LOCAL TIME
	WILLIAM FULLER	202-732-2674	ES

9. ISSUED BY — CODE ICE/DCR

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW Suite 930
WASHINGTON DC 20536

10. THIS ACQUISITION IS ☒ UNRESTRICTED OR ☐ SET ASIDE: % FOR:

☐ SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☐ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
☐ WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM
☐ EDWOSB
☐ 8(A)

NAICS:
SIZE STANDARD:

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED	12. DISCOUNT TERMS	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING / 14. METHOD OF SOLICITATION
☐ SEE SCHEDULE	Net 30	☐	☐RFQ ☐IFB ☒ RFP

15. DELIVER TO — CODE ICE/ERO

ICE Enforcement & Removal
Immigration and Customs Enforcement
801 I Street, NW
Suite 900
Washington DC 20536

16. ADMINISTERED BY — CODE ICE/DCR

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW Suite 930
WASHINGTON DC 20536

17a. CONTRACTOR/ OFFEROR — CODE 6127064650000 — FACILITY CODE

GEO GROUP INC THE
ATTN AMBER MARTIN
4955 TECHNOLOGY WAY
BOCA RATON FL 334313367

TELEPHONE NO. 5619997359

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY — CODE ICE-ERO-FHQ-CAD

DHS, ICE
Burlington Finance Center
P.O. Box 1620
Attn: ICE-ERO-FHQ-CAD
Williston VT 05495-1620

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☐ SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 612706465 NAICS Code: 561612 PSC: S206 Contracting Officer (CO): Abeer Saleh, abeer.saleh@ice.dhs.gov 202-732-2627 Contracting Officer's Representative (COR): Nathan Lindsey, Nathan.R.Lindsey@ice.dhs.gov, 661-328-4503 The purpose of this contract is to establish *(Use Reverse and/or Attach Additional Sheets as Necessary)*				

25. ACCOUNTING AND APPROPRIATION DATA
See schedule

26. TOTAL AWARD AMOUNT *(For Govt. Use Only)*
$1,582,221,743.77

☐ 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ☐ ARE ☐ ARE NOT ATTACHED.
☒ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☒ ARE ☐ ARE NOT ATTACHED.

☒ 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

☐ 29. AWARD OF CONTRACT: _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR

31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*
ABEER T SALEH
Digitally signed by ABEER T SALEH
Date: 2019.12.19 21:19:37 -05'00'

30b. NAME AND TITLE OF SIGNER *(Type or print)*	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER *(Type or print)*	31c. DATE SIGNED
Amber D. Martin, Executive Vice President	12/19/2019	ABEER SALEH	

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV. 2/2012)
Prescribed by GSA - FAR (48 CFR) 53.212

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	detention, transportation, and medical services at the Mesa Verde Detention Facility, Golden State Modified Community Correctional Facility, and Central Valley Modified Community Correctional Facility in accordance with the Performance Work Statement for this Contract (supplemented by Requirement C Addendum). All services shall be furnished in compliance with the following regulations/policies/standards: 2011 Performance Based National Detention Standards (PBNDS 2011)as revised in DEC 2016 Prison Rape Elimination Act (PREA) standards for DHS detention facilities American Correctional Association (ACA) Standards National Commission on Correctional Health Care (NCCHC) Standards All IDIQ terms and conditions flow down to the Task Orders. Scope of work changes must be submitted in writing and approved by a warranted ICE Contracting Officer. Any work conducted outside the scope of the terms of this contract will be at the contractor's own risk. The following is a list of attachments hereby Continued ...				

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER ☐ PARTIAL ☐ FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT ☐ COMPLETE ☐ PARTIAL ☐ FINAL	37. CHECK NUMBER

38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY *(Print)*	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT *(Location)*	
		42c. DATE REC'D *(YY/MM/DD)*	42d. TOTAL CONTAINERS

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)

incorporated into this Contract:

Attachment 1: G-391 Attachments
Attachment 2: QASP Documents
Attachment 3: IHSC National Formulary FY 2019
Attachment 4: IHSC Form 067 Request for approval of non-formulary medications
Attachment 5: IHSC Minimum Staffing Requirements Standards
Attachment 6: IHSC Intake Screening Form
Attachment 7: IHSC Sample Clinical Practice Guidelines
Attachment 8: IHSC electronic Quality Medical Care (QMC) Audit tool
Attachment 9: IHSC electronic Quality Medical Care (QMC) Incident Report
Attachment 10: Requirements Traceable Matrix (RTM)
Attachment 11: ICE Firearms Policy
Attachment 12: ICE Body Armor Policy
Attachment 13: Lyons Settlement Agreement
Attachment 14: Franco Settlement Agreement
Attachment 15: Screening ICE Detainees Health Form
Attachment 16: PWS Addendum 1
Attachment 17: Requirement C PWS Addendum
Attachment 18: Section B Supplies or Services and Price Costs
Attachment 19: Section C Performance Work Statement Dated 10-25-2019
Attachment 20: Contract Clauses
Attachment 21: Section K completed by Offeror
Attachment 22: Contractor's Proposal dated 12/19/2019
Attachment 23: ICE Design Standards for CDFs
Attachment 24: Executive Office for Immigration Review (EOIR) Design Standards
Attachment 25: Structure Cable Plant Standards
Attachment 26: Health Design Standards
Attachment 27: IHSC Design Standards Supplement
Attachment 28: Wage Determination No. 2015-5603 Rev. 10 Date: 08/02/2019

Funding will be provided at the Task Order level.

Pursuant to FAR 52.216-22(b), the maximum amount of services the Contractor shall furnish under this IDIQ is $1,582,221,743.77, and the minimum

Continued ...

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	amount of services the Government shall order under this IDIQ is $1,000,000.00. If a DOL Wage Determination or CBA incorporation results in an increase to employee wages that is above the annual escalation already noted in the contract, the vendor must submit a request for equitable adjustment and provide sufficient documentation to the CO's satisfaction. No additional contractor employee wage adjustments will be paid by ICE if those increased wage amounts falls within/is less than the annual percentage escalation built into the CLIN. The Contractor shall not be entitled to a guaranteed minimum on any CLIN for any day unless the Contractor has made the number of beds that constitute that guaranteed minimum available to ICE on such day. The ultimate completion date of this IDIQ is 12/19/2034 if all options are exercised. Thus, the total duration of this IDIQ is from 12/20/2019 to 12/19/2034. Period of Performance: 12/20/2019 to 12/19/2034				
0001	Golden State Pre-Transition/Mobilization POP: 12/20/2019 - 06/19/2020 Monthly Amount: $50,000.00 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				300,000.00
0001A	Golden State Transition POP: 06/20/2020 - 08/19/2020 Monthly Amount: $100,000 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				200,000.00

Continued ...

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0002	Central Valley Pre-Transition/Mobilization POP: 12/20/2019-06/19/2020 Monthly Amount: $50,000 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				300,000.00
0002A	Central Valley Transition POP: 06/20/2020-08/19/2020 Monthly Amount: $100,000 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				200,000.00
0003	Mesa Verde Detention Services Guaranteed Minimum (1 to 320 beds) Periods of Performance and Rate: 12/20/2019 to 12/19/2020 (117,120 Beds) Rate: $163.38 12/20/2020 to 12/19/2021 (116,800 Beds) Rate: $165.68 12/20/2021 to 12/19/2022 (116,800 Beds) Rate: $168.05 12/20/2022 to 12/19/2023 (116,800 Beds) Rate: $170.51 12/20/2023 to 12/19/2024 (117,120 Beds) Rate: $173.16 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				98,311,078.57
0003A	Golden State Bed Detention Services Guaranteed Minimum (1-560 beds) Period of Performance and Rates as follows: 08/20/2020-12/19/2020 (68,320 Beds) $157.00 12/20/2020-12/19/2021 (204,400 Beds) $158.57 Continued ...				142,606,968.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	12/20/2021-12/19/2022 (204,400 Beds) $160.27 12/20/2022-12/19/2023 (204,400 Beds) $162.02 12/20/2023-12/19/2024 (204,960 Beds) $163.90 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0003B	Central Valley Detention Services Guaranteed Minimum (1-560 beds) Period of Performance and Rates as follows: 08/20/2020-12/19/2020 (68,320 Beds) $157.00 12/20/2020-12/19/2021 (204,400 Beds) $158.57 12/20/2021-12/19/2022 (204,400 Beds) $160.27 12/20/2022-12/19/2023 (204,400 Beds) $162.02 12/20/2023-12/19/2024 (204,960 Beds) $163.90 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				142,606,968.00
0004	Mesa Verde Detention Services Above Guaranteed Minimum (321-400 beds) Periods of Performance and Rates: 12/20/2019 to 12/19/2020 (29,280 Beds) Rate: $58.00 12/20/2020 to 12/19/2021 (29,200 Beds) Rate: $58.82 12/20/2021 to 12/19/2022 (29,200 Beds) Rate: $59.66 12/20/2022 to 12/19/2023 (29,200 Beds) Rate: $60.53 12/20/2023 to 12/19/2024 (29,280 Beds) Rate: $61.47 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				8,725,173.60
0004A	Golden State Detention Services Above Guaranteed Minimum Rate (561-700 beds) Periods of Performance and Rates as follows: Continued ...				16,349,530.40

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	08/20/2020-12/19/2020 (17,080 Beds) $72.00 12/20/2020-12/19/2021 (51,100 Beds) $72.72 12/20/2021-12/19/2022 (51,100 Beds) $73.50 12/20/2022-12/19/2023 (51,100 Beds) $74.30 12/20/2023-12/19/2024 (51,240 Beds) $75.16 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0004B	Central Valley Detention Services Above Guaranteed Minimum Rate (561 to 700 beds) Periods of Performance and Rates as follows: 08/20/2020-12/19/2020 (17,080 Beds) $72.00 12/20/2020-12/19/2021 (51,000 Beds) $72.72 12/20/2021-12/19/2022 (51,100 Beds) $73.50 12/20/2022-12/19/2023 (51,100 Beds) $74.30 12/20/2023-12/19/2024 (51,240 Beds) $75.16 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				16,349,530.40
0005	Mesa Verde On Call Stationary/Transportation Guards Hourly Rate: $77.89 NTE Amount: 100,000 hours per year Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				7,789,000.00
0005A	Golden State On Call Stationary/Transportation Guards Hourly Rate: $77.89 NTE Amount: 100,000 hours per year Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued ...				7,789,000.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0005B	Central Valley On Call Stationary/Transportation Guards Hourly Rate: $77.89 NTE Amount: 100,000 hours per year Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				7,789,000.00
0006	Mesa Verde Detainee Work Program Rate: $1.00 Per Day per Detainee (If applicable) NTE: 250,000 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				250,000.00
0006A	Golden State Detainee Work Program Rate: $1.00 per day per detainee NTE: $250,000 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				250,000.00
0006B	Central Valley Detainee Work Program Rate: $1.00 per day per detainee NTE: $250,000 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				250,000.00
0007	Mesa Verde Surge/Facility Upgrades *No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Contracting Officer via a contract modification and funding obligated via task order. Continued ...				5,000,000.00

Case 1:23-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 9 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	NTE: $5,000,000 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0007A	Golden State Surge/Facility Upgrades *No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Contracting Officer via a contract modification and funding obligated via task order. NTE: $5,000,000 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				5,000,000.00
0007B	Central Valley Surge/Facility Upgrades *No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Contracting Officer via a contract modification and funding obligated via task order. NTE: $5,000,000 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				5,000,000.00
1001	Mesa Verde Detention Services Guaranteed Minimum (1 to 320 Beds) POP and Bed Day Rates: 12/20/2024 to 12/19/2025 (116,800 Beds) Rate: $175.65 12/20/2025 to 12/19/2026 (116,800 Beds) Rate: $178.35 12/20/2026 to 12/19/2027 (116,800 Beds) Rate: $181.14 Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	12/20/2027 to 12/19/2028 (117,120 Beds) Rate: $184.16 12/20/2028 to 12/19/2029 (116,800 Beds) Rate: $187.00 Amount: $105,914,771.20(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
1001A	Golden State Detention Services Guaranteed Minimum (1 to 560 Beds) POP and Bed Day Rates: 12/20/2024 to 12/19/2025 (204,400 Beds) Rate: $165.68 12/20/2025 to 12/19/2026 (204,400 Beds) Rate: $167.60 12/20/2026 to 12/19/2027 (204,400 Beds) Rate: $169.59 12/20/2027 to 12/19/2028 (204,960 Beds) Rate: $171.73 12/20/2028 to 12/19/2029 (204,400 Beds) Rate: $173.75 Amount: $173,498,908.80(Option Line Item) 12/19/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
1001B	Central Valley Detention Services Guaranteed Minimum (1 to 560 Beds) POP and Bed Day Rates: 12/20/2024 to 12/19/2025 (204,400 Beds) Rate: $165.68 12/20/2025 to 12/19/2026 (204,400 Beds) Rate: $167.60 12/20/2026 to 12/19/2027 (204,400 Beds) Rate: $169.59 12/20/2027 to 12/19/2028 (204,960 Beds) Rate: $171.73 12/20/2028 to 12/19/2029 (204,400 Beds) Rate: Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	$173.75 Amount: $173,498,908.80(Option Line Item) 12/19/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
1002	Mesa Verde Detention Services Above Guaranteed Minimum Rate (321-400 beds) 12/20/2024 to 12/19/2025 (29,200 Beds) $62.35 12/20/2025 to 12/19/2026 (29,200 Beds) $63.31 12/20/2026 to 12/19/2027 (29,200 Beds) $64.30 12/20/2027 to 12/19/2028 (29,280 Beds) $65.37 12/20/2028 to 12/19/2029 (29,200 Beds) $66.38 Amount: $9,399,161.60(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
1002A	Golden State Detention Services Above Guaranteed Minimum Rate (561-700 beds) 12/20/2024 to 12/19/2025 (51,100 Beds) $75.98 12/20/2025 to 12/19/2026 (51,100 Beds) $76.86 12/20/2026 to 12/19/2027 (51,100 Beds) $77.77 12/20/2027 to 12/19/2028 (51,240 Beds) $78.75 12/20/2028 to 12/19/2029 (51,100 Beds) $79.68 Amount: $19,890,969.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
1002B	Central Valley Detention Services Above Guaranteed Minimum Rate (561-700 beds) 12/20/2024 to 12/19/2025 (51,100 Beds) $75.98 12/20/2025 to 12/19/2026 (51,100 Beds) $76.86 12/20/2026 to 12/19/2027 (51,100 Beds) $77.77 12/20/2027 to 12/19/2028 (51,240 Beds) $78.75 12/20/2028 to 12/19/2029 (51,100 Beds) $79.68 Amount: $19,890,969.00(Option Line Item) Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
1003	Mesa Verde On-Call Stationary/Transportation Guard Hours Hourly Rate $77.89 NTE: 100,000 hours per year Amount: $7,789,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
1003A	Golden State On-Call Stationary/Transportation Guard Hours Hourly Rate $77.89 NTE: 100,000 hours per year Amount: $7,789,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
1003B	Central Valley On-Call Stationary/Transportation Guard Hours Hourly Rate $77.89 NTE: 100,000 hours per year Amount: $7,789,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
1004	Mesa Verde Detainee Work Program Rate: $1.00 Per Day Per Detainee Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	NTE: 250,000 days Amount: $250,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
1004A	Golden State Detainee Work Program Rate: $1.00 Per Day Per Detainee NTE: 250,000 days Amount: $250,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
1004B	Central Valley Detainee Work Program Rate: $1.00 Per Day Per Detainee NTE: 250,000 days Amount: $250,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
1005	Mesa Verde Surge/Facility Upgrades* NTE: $5,000,000 *No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Contracting Officer via a contract modification and funding obligated via task order. Amount: $5,000,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
1005A	Golden State Surge/Facility Upgrades* NTE: $5,000,000 *No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Continued ...				0.00

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 14 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Contracting Officer via a contract modification and funding obligated via task order. Amount: $5,000,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
1005B	Central Valley Surge/Facility Upgrades* NTE: $5,000,000 *No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Contracting Officer via a contract modification and funding obligated via task order. Amount: $5,000,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2001	Mesa Verde Detention Services Guaranteed Minimum (1 to 320 Beds) 12/20/2029 to 12/19/2030 (116,800 Beds) $190.08 12/20/2030 to 12/19/2031 (116,800 Beds) $193.25 12/20/2031 to 12/19/2032 (117,120 Beds) $196.69 12/20/2032 to 12/19/2033 (116,800 Beds) $199.92 12/20/2033 to 12/19/2034 (116,800 Beds) $203.41 Amount: $114,918,220.80(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2001A	Golden State Detention Services Guaranteed Minimum (1 to 560 Beds) 12/20/2029 to 12/19/2030 (204,400 Beds) $175.93 12/20/2030 to 12/19/2031 (204,400 Beds) $178.19 12/20/2031 to 12/19/2032 (204,960 Beds) $180.62 12/20/2032 to 12/19/2033 (204,400 Beds) $182.91 12/20/2033 to 12/19/2034 (204,400 Beds) $185.39 Amount: $184,682,523.20(Option Line Item) Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
2001B	Central Valley Detention Services Guaranteed Minimum (1 to 560 Beds) 12/20/2029 to 12/19/2030 (204,400 Beds) $175.93 12/20/2030 to 12/19/2031 (204,400 Beds) $178.19 12/20/2031 to 12/19/2032 (204,960 Beds) $180.62 12/20/2032 to 12/19/2033 (204,400 Beds) $182.91 12/20/2033 to 12/19/2034 (204,400 Beds) $185.39 Amount: $184,682,523.20(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2002	Mesa Verde Detention Services Above Guaranteed Minimum Rate (321-400 beds) 12/20/2029 to 12/19/2030 (29,200 Beds) $67.47 12/20/2030 to 12/19/2031 (29,200 Beds) $68.59 12/20/2031 to 12/19/2032 (29,280 Beds) $69.81 12/20/2032 to 12/19/2033 (29,200 Beds) $70.96 12/20/2033 to 12/19/2034 (29,200 Beds) $72.20 Amount: $10,197,260.80(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2002A	Golden State Detention Services Above Guaranteed Minimum Rate (561-700 beds) 12/20/2029 to 12/19/2030 (51,100 Beds) $80.68 12/20/2030 to 12/19/2031 (51,100 Beds) $81.72 12/20/2031 to 12/19/2032 (51,240 Beds) $82.83 12/20/2032 to 12/19/2033 (51,100 Beds) $83.88 12/20/2033 to 12/19/2034 (51,100 Beds) $85.02 Amount: $21,173,639.20(Option Line Item) Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
2002B	Central Valley Detention Bed Day Rate Above Guaranteed Minimum Rate (561-700 beds) 12/20/2029 to 12/19/2030 (51,100 Beds) $80.68 12/20/2030 to 12/19/2031 (51,100 Beds) $81.72 12/20/2031 to 12/19/2032 (51,240 Beds) $82.83 12/20/2032 to 12/19/2033 (51,100 Beds) $83.88 12/20/2033 to 12/19/2034 (51,100 Beds) $85.02 Amount: $21,173,639.20(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2003	Mesa Verde On-Call Stationary / Transportation Guard Hours Hourly Rate: $77.89 per hour NTE: 100,000 hours Amount: $7,789,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2003A	Golden State On-Call Stationary / Transportation Guard Hours Hourly Rate: $77.89 NTE: 100,000 hours per year Amount: $7,789,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2003B	Central Valley On-Call Stationary / Transportation Guard Hours Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Hourly Rate: $77.89 per hour NTE: 100,000 hours per year Amount: $7,789,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
2004	Mesa Verde Detainee Work Program Rate: $1.00 Per Day Per Detainee NTE: 250,000 days Amount: $250,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2004A	Golden State Detainee Work Program Rate: $1.00 Per Day Per Detainee NTE: 250,000 days Amount: $250,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2004B	Central Valley Detainee Work Program Rate: $1.00 Per Day Per Detainee NTE: 250,000 days Amount: $250,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2005	Mesa Verde Surge/Facility Upgrades* *No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Contracting Officer via a contract modification and funding obligated via task order. Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	NTE: $5,000,000 Amount: $5,000,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
2005A	Golden State Surge/Facility Upgrades* *No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Contracting Officer via a contract modification and funding obligated via task order. NTE: $5,000,000 Amount: $5,000,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
2005B	Central Valley Surge/Facility Upgrades* *No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Contracting Officer via a contract modification and funding obligated via task order. NTE: $5,000,000 Amount: $5,000,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Invoice Instructions for ICE - ERO Contracts: See Section G of the Contract Clauses for Instructions. The obligated amount of award: $0.00. The total for this award is shown in box 26.				0.00

ATTACHMENT 1

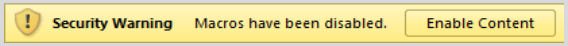
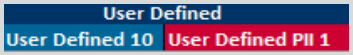
ICE ERO TMO

Contractor G-391 Upload Template | *Version 6*

U.S. Immigration and Customs Enforcement

The purpose of this tool is to automate the upload of G-391 data templates from contractors.

Automation Tool Instructions:

1. Click "Enable Content.", if prompted by the Excel security warning shown to the right.	
2. Fill in all required information on the "Input" Tab.	
3. Populate User Defined columns and change User Defined column headers, if desired. User Defined columns 1 through 10 (columns ED through EM) are available to store additional information for the consolidated data and User Defined PII columns 1 through 10 (columns ES through FB) will be removed before being uploaded to the TMO SharePoint site. PII information can be included in the User Defined PII columns provided that users securely transfer the file.	
4. Click on "Vendors: Click Here to Validate G-391 Workbook" to run validation procedures through the Contractor G-391 Upload Template. This step does not remove User Defined PII columns and does not upload the template to the TMO SharePoint site.	**Vendors**: Click Here to **Validate** G-391 Workbook
5. Click on "Vendors: Click Here to Delete Extra Columns" to delete content from the User Defined PII columns 1 through 10 (columns ES through FB). This step is optional as the Upload G-391 Workbook also will remove User Defined Columns	**Vendors**: Click Here to **Delete Extra Columns**
6. Verify that there is no Sensitive PII in the spreadsheet other than in the User Defined PII columns 1 through 10.	
7. Press the blue "Upload G-391 Workbook" within the "Input" tab. This button deletes content from the User Defined PII columns 1 through 10 (columns ES through FB) and uploads the G-391 templete to the TMO SharePoint site. ***Please note users must have access to the TMO SharePoint site and have access to the ICE intranet (e.g., VPN, LAN) to successfully upload.***	**CORs:** Click Here to Validate and **Upload** G-391 Workbook

AOR:		Time Period:	
Prime Contractor:		Invoice #	
Contract Number:		Sub-Office	
COR:		AOR-Sub-Office	

Upload Template Version 6 **** If copying and pasting from a different workbook, it is highly recommended to us***

General		Vehicle			Movement
Mission #	Mission Date	Vehicle Owner	Vehicle Type	Vehicle Number	Provider

Vendors: Click Here to **Validate** G-391 Workbook

Vendors: Click Here to **Delete Extra Columns**

e "Paste Values" (ctrl + alt + v, then V alues). Add rows only to the bottom of the table below. Add columns only t

					Total Alie
Movement Type	Overtime	Total Overtime Hours	Contract Officers	ICE Officers	Male

CORs: Click Here to Validate and **Upload** G-391 Workbook

SENSITIVE PII NOT ALLOWED

o the right of EC.

ns Moved				Start	
Female	Transgender	Juvenile	Family Unit	Start Location	Start Odometer

Use start and end fields for starting and end location information. Sto

		Stop 1		
Start Departure Time	Start Pick Up	Stop 1 Location	Stop 1 Odometer	Stop 1 Arrival Time

ps should only be used for stops made between the starting and end location.

Stop 1			Stop 2	
Stop 1 Departure Time	Stop 1 Pick Up	Stop 1 Drop Off	Stop 2 Location	Stop 2 Odometer

			Stop 2	Stop 3
Stop 2 Arrival Time	Stop 2 Departure Time	Stop 2 Pick Up	Stop 2 Drop Off	Stop 3 Location

				Stop 3
Stop 3 Odometer	Stop 3 Arrival Time	Stop 3 Departure Time	Stop 3 Pick Up	Stop 3 Drop Off

Stop 4				
Stop 4 Location	Stop 4 Odometer	Stop 4 Arrival Time	Stop 4 Departure Time	Stop 4 Pick Up

Stop 4	Stop 5			
Stop 4 Drop Off	Stop 5 Location	Stop 5 Odometer	Stop 5 Arrival Time	Stop 5 Departure Time

Stop 5		Stop 6		
Stop 5 Pick Up	Stop 5 Drop Off	Stop 6 Location	Stop 6 Odometer	Stop 6 Arrival Time

(--) Hide **all** stops (+ +) Un

(-) Hide additional stop (+) Unhide

Stop 6			End		
Stop 6 Departure Time	Stop 6 Pick Up	Stop 6 Drop Off	End Location	End Odometer	End Time

hide **all** stops

additional stop

	General	
End Drop Off	Comments	User Defined 1

			User Defined (Remains in Template and Included in Upload)		
User Defined 2	User Defined 3	User Defined 4	User Defined 5	User Defined 6	User Defined 7

User Defined 8	User Defined 9	User Defined 10	User Defined PII 1	User Defined PII 2	User Defined PII 3

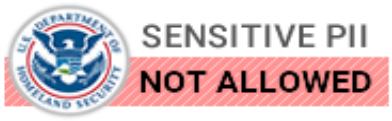
User Defined PII (Removed from Template Prior to Upload)					
User Defined PII 4	User Defined PII 5	User Defined PII 6	User Defined PII 7	User Defined PII 8	User Defined PII 9


User Defined PII 1

AOR:	ATL	Time Period:
Prime Contractor:	Transport Company A	Invoice #
Contract Number:	ABCDE-XX-XXXXX	
COR:	John Smith	

General		Vehicle		
Mission #	Mission Date	Vehicle Owner	Vehicle Type	Vehicle Number
AOR-MMYY-XXXX	MM/DD/YYYY	Contractor or ICE	Select from list	XX0001

	Jan 17 - Feb 17
	XXXXXXXX



Movement				
Provider	Movement Type	Overtime	Total Overtime Hours	Contract Officers
Prime / Subcontractor	Transfer	Yes / No	10.00	2

	Total Aliens Moved					Start
ICE Officers	Male	Female	Transgender	Juvenile	Family Unit	Start Location
0	5	5	0	0	Yes / No	Stewart Detention C

			Stop 1	
Start Odometer	Start Departure Time	Start Pick Up	Stop 1 Location	Stop 1 Odometer
50000.00	10:00	5	Atlanta City Detentio	50250.00

				Stop 2
Stop 1 Arrival Time	Stop 1 Departure Time	Stop 1 Pick Up	Stop 1 Drop Off	Stop 2 Location
13:30	14:00	2	2	

Stop 2 Odometer	Stop 2 Arrival Time	Stop 2 Departure Time	Stop 2 Pick Up	Stop 2 Drop Off

Stop 3				
Stop 3 Location	Stop 3 Odometer	Stop 3 Arrival Time	Stop 3 Departure Time	Stop 3 Pick Up

	Stop 4			
Stop 3 Drop Off	Stop 4 Location	Stop 4 Odometer	Stop 4 Arrival Time	Stop 4 Departure Time

		Stop 5		
Stop 4 Pick Up	Stop 4 Drop Off	Stop 5 Location	Stop 5 Odometer	Stop 5 Arrival Time

			Stop 6	
Stop 5 Departure Time	Stop 5 Pick Up	Stop 5 Drop Off	Stop 6 Location	Stop 6 Odometer

				Stop 7
Stop 6 Arrival Time	Stop 6 Departure Time	Stop 6 Pick Up	Stop 6 Drop Off	Stop 7 Location

Stop 7 Odometer	Stop 7 Arrival Time	Stop 7 Departure Time	Stop 7 Pick Up	Stop 7 Drop Off

Stop 8				
Stop 8 Location	Stop 8 Odometer	Stop 8 Arrival Time	Stop 8 Departure Time	Stop 8 Pick Up

	Stop 9			
Stop 8 Drop Off	Stop 9 Location	Stop 9 Odometer	Stop 9 Arrival Time	Stop 9 Departure Time

		Stop 10		
Stop 9 Pick Up	Stop 9 Drop Off	Stop 10 Location	Stop 10 Odometer	Stop 10 Arrival Time

			End	
Stop 10 Departure Time	Stop 10 Pick Up	Stop 10 Drop Off	End Location	End Odometer
			Stewart Detention	50500.00

		General		
End Time	End Drop Off	Comments	AOR	Prime
16:30	5	Daily Trip from Stewart to Atlanta	ATL	Transport Compan

Contract Number	COR	Time Period	Invoice Amount
ABCDE-XX-XXXXX	John Smith	Jan 17 - Feb 17	XXXXXXXX

Grand Total	Grand Total	Grand Total	Grand Total
7	10	25	8
Critical Incomplete count	Count of incomplete warning	Total incomplete	Count of inaccurate rows
7	17	17	

Definitions - ICE Electronic G-391 Database

This tab defines acronyms and commonly used terms associated with transportation of aliens by ERO officers and contractor staff for the purpose of completing the monthly G-391 contractor report. ***Please note that Sensitive***

1. **Contract Details –** This section is filled out by the prime contractor.

- **AOR**: Three letter abbreviation for the Area of Responsibility (e.g., SNA, MIA).
- **Prime Contractor**: Company or Government Agency who was awarded the transportation contract.
- **Contract Number:** The number associated with the awarded contract for transportation services.
- **COR:** The Contracting Officer Representative who is responsible for managing the contract.
- **Time Period:** The beginning and end dates for the time period when trips were collected for this repo
- **Total Monthly Invoice Amount:** The total invoice amount associated with the contract and time peri

2. **Transportation Activities** – This section is filled out by the prime contractor for each movement during the

General

- **Mission Number:** A uniquely identifiable number associated with each transportation movement.
- **Mission Date:** The date that the trip began (MM/DD/YYYY).

Vehicle

- **Vehicle Owner:** Owner of the vehicle used for the mission (e.g. Contractor or the Government).
- **Vehicle Type**: Type of vehicle used to perform the mission (e.g., Sedan, Van, Bus).
  - **Bus -** Any vehicle with a passenger seat capacity greater of 25 or greater.
  - **Van -** Any vehicle with a passenger seat capacity between 6 and 24.
  - **SUV / Mini-Van -** Any vehicle with a passenger seat capacity between 3 and 5.
  - **Sedan -** Any vehicle with a passenger seat capacity of 2 or less.
- **Vehicle Number**: Vehicle identification number for the ICE or contractor vehicle used to complete th

Movement

- **Provider**: The name of the company that provided the movement (subcontractor, prime contractor,
- **Movement Type**: See descriptions below:
  - **Air Removal -** Ground transportation of aliens to an airport for final removal via air.
  - **Air Transfer -** Transporting aliens in custody to or from an airport for domestic transfers.
  - **Land Removal -** Ground transportation of aliens to their country of origin for final removal. (e.g.,
  - **Legal -** Transporting of aliens for legal appointments (i.e. court, lawyer or consulate visits).
  - **Medical -** Transporting detainees to a hospital or clinic for medical reasons.
  - **Ambulatory -** Chasing an ambulance.
  - **Pick Up -** Apprehension of an alien from a non-ICE location. (e.g., pick up from jail / prison).
  - **Release -** Transporting aliens that have been released from custody to a U.S. domestic location (i.
  - **Transfer -** Transporting detainees in ICE custody from one facility to another.
  - **Stationary Duty -** Time spent performing detention related guard duties (e.g. front gate guard duty, facility patrols, interview escorts, detainee in/out processing, and other guard duties including
  - **Other -** Transportation for a reason other than moving aliens (e.g. vehicle maintenance, file transf
- **Overtime**: Yes/No if overtime was needed for this trip.
- **Total Overtime Hours**: The number of overtime hours for the trip.
- **Contract Officers**: Number of contract staff participating in the mission's transportation team.
- **ICE Officers**: Number of ICE employees participating in the mission's transportation team.

Total Aliens Moved

- **Males:** Number of adult males transported.
- **Females:** Number of adult females transported.

- **Transgender:** Number of transgender aliens transported.
- **Juvenile:** Number of juvenile aliens transported.
- **Family Unit:** Yes/No if a family unit was transported.

3. **Trip Details** – This section is filled out by the prime contractor for each movement during the time period.

Start

- **Start Location:** Location where the trip began
- **Start Odometer:** The odometer reading of the vehicle before the vehicle leaves the start location
- **Start Departure Time:** The time (HH:MM) when the vehicle left the start location.
- **Start Pick Up:** The number of aliens in the vehicle at the time of departure.

Stop 1 - 10

- **Stop 1-10 Location:** Location where the stop occurred.
- **Stop 1-10 Odometer:** Odometer reading from the vehicle after arriving at the stop location.
- **Stop 1-10 Arrival Time:** The time (HH:MM) when the vehicle arrived at the stop location.
- **Stop 1-10 Departure Time:** The time (HH:MM) when the vehicle left the stop location.
- **Stop 1-10 Pick Up:** The number of aliens that were picked up at the stop location.
- **Stop 1-10 Drop Off:** The number of aliens that were dropped off at the stop location.

End

- **End Location:** Location where the trip ended.
- **End Odometer:** The odometer reading of the vehicle when the vehicle arrives at the end location.
- **End Arrival Time:** The time (HH:MM) when the vehicle arrived at the end location.
- **End Drop Off:** The number of aliens dropped off at the time of arrival at the end location.
- **Comments:** Any comments regarding the trip that are relevant to the invoice or trip details.

ort.
od reported.
e time period.

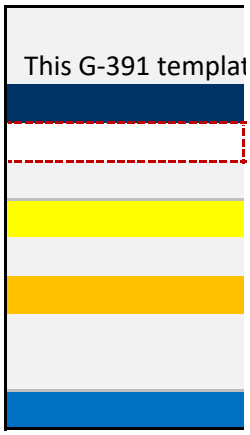
e mission.

or ICE if applicable).

busing or walking aliens into Mexico).

e. bus terminal).

fers).


This G-391 templat

Validation Explanations
te includes validation mechanism that highlights missing or invalid data inputs. Please refer to the table below for
Cells with red dotted borders Indicate critical key fields that are missing. These fields must be populated in order - *Critical Key Fields:* AOR, Prime Contractor, Contract Number, COR, Time Period, Mission #, Mission Date,
Rows with yellow highlighted Mission # indicate that one or more trip fields are incomplete or have invalid input. Look for cells highlighted in orange or with red borders to identify missing or invalid input. If Mission # is Cells that are highlighted in orange indicate missing or invalid data input. - *Examples of Invalid Input:* input does not match drop-down choices and/or incorrect data format such as number, date, etc.; Total trip miles equal 0 or exceed 2000 miles; last stop and end location are
Mission # and Mission Dates cells highlighted in blue indicate duplicate trips. There should not be duplicate trips

for the upload to be successfully completed.
, Vehicle Owner, Vehicle Type, Provider, Movement Type

included in the G-391 upload.

ATTACHMENT 2

QUALITY ASSURANCE SURVEILLANCE PLAN

1. INTRODUCTION

ICE's Quality Assurance Surveillance Plan (QASP) is based on the premise that the Service Provider, and not the Government, is responsible for the day-to-day operation of the Facility and all the management and quality control actions required to meet the terms of the Agreement. The role of the Government in quality assurance is to ensure performance standards are achieved and maintained. The Service Provider shall develop a comprehensive program of inspections and monitoring actions and document its approach in a Quality Control Plan (QCP). The Service Provider's QCP, upon approval by the Government, will be made a part of the resultant Agreement.

This QASP is designed to provide an effective surveillance method to monitor the Service Provider's performance relative to the requirements listed in the Agreement. The QASP illustrates the systematic method the Government (or its designated representative) will use to evaluate the services the Service Provider is required to furnish.

This QASP is based on the premise the Government will validate that the Service Provider is complying with ERO-mandated quality standards in operating and maintaining detention facilities. Performance standards address all facets of detainee handling, including safety, health, legal rights, facility and records management, etc. Good management by the Service Provider and use of an approved QCP will ensure that the Facility is operating within acceptable quality levels.

2. DEFINITIONS

Performance Requirements Summary (Attachment A): The Performance Requirements Summary (PRS) communicates what the Government intends to qualitatively inspect. The PRS is based on the American Correctional Association (ACA) Standards for Adult Local Detention Facilities (ALDF) and ICE 2011 Performance Based National Detention Standards (PBNDS). The PRS identifies performance standards grouped into nine functional areas, and quality levels essential for successful performance of each requirement. The PRS is used by ICE when conducting quality assurance surveillance to guide them through the inspection and review processes.

Functional Area: A logical grouping of performance standards.

Contracting Officer Representative (COR): The COR interacts with the Service Provider to inspect and accept services/work performed in accordance with the technical standards prescribed in the Agreement. The Contracting Officer issues a written memorandum that appoints the COR. Other individuals may be designated to assist in the inspection and quality assurance surveillance activities.

Performance Standards: The performance standards are established in the ERO ICE 2011 PBNDS at http://www.ice.gov/detention-standards/2011 as well as the ACA standards for ALDF. Other standards may also be defined in the Agreement.

Measures: The method for evaluating compliance with the standards.
Acceptable Quality Level: The minimum level of quality that will be accepted by ICE to meet the performance standard.

Withholding: Amount of monthly invoice payment withheld pending correction of a deficiency. See Attachment A for information on the percentages of an invoice amount that may be withheld for each functional area. Funds withheld from payment are recoverable (See Sections 7 and 8) if the COTR and Contracting Officer confirm resolution or correction and should be included in the next month's invoice.

Deduction: Funds may be deducted from a monthly invoice for an egregious act or event, or if the same deficiency continues to occur. The Service Provider will be notified immediately if such a situation arises. The Contracting Officer in consultation with the ERO will determine the amount of the deduction. Amounts deducted are not recoverable.

4. QUALITY CONTROL PLAN

The Service Provider shall develop, implement, and maintain a Quality Control Plan (QCP) that illustrates the methods it will use to review its performance to ensure it conforms to the performance requirements. (See Attachment A for a summary list of performance requirements.) Such reviews shall be performed by the Service Provider to validate its operations, and assure ICE that the services meet the performance standards.

The Service Provider's QCP shall include monitoring methods that ensure and demonstrate its compliance with the performance standards. This includes inspection methods and schedules that are consistent with the regular reviews conducted by ERO. The reports and other results generated by the Service Provider's QCP activities should be provided to the COR as requested.

The frequency and type of the Service Provider's reviews should be consistent with what is necessary in order to ensure compliance with the performance standards.

The Service Provider is encouraged not to limit its inspection to only the processes outlined in the 2011 PBNDS; however, certain key documents shall be produced by the Service Provider to ensure that the services meet the performance standards. Some of the documentation that shall be generated and made available to the COR for inspection is listed below. The list is intended as illustrative and is not all-inclusive. The Service Provider shall develop and implement a program that addresses the specific requirement of each standard and the means it will use to document compliance.

•Written policies and procedures to implement and assess operational requirements of the standard

•Documentation and record keeping ensuring ongoing operational compliance with the standards (e.g.; inventories, logbooks, register of receipts, reports, etc.)

•Staff training records

•Contract discrepancy reports (CDRs)

•Investigative reports

•Medical records

•Records of investigative actions taken

•Equipment inspections

•System tests and evaluation

5. METHODS OF SURVEILLANCE

ICE will monitor the Service Provider's compliance with the Performance Standards using a variety of methods. All facilities will be subject to a full annual inspection, which will include a review of the Service Provider's QCP activities. In addition, ICE may conduct additional routine, follow-up, or unscheduled ad hoc inspections as necessary (for instance, as a result of unusual incidents or data reflected in routine monitoring). ICE may also maintain an on-site presence in some facilities in order to conduct more regular or frequent monitoring. Inspections and monitoring may involve direct observation of facility conditions and operations, review of documentation (including QCP reports), and/or interviews of facility personnel and detainees.

5.1 Documentation Requirements: The Service Provider shall develop and maintain all documentation as prescribed in the PBNDS (e.g., post logs, policies, and records of corrective actions). In addition to the documentation prescribed by the standards, the Service Provider shall also develop and maintain documentation that demonstrates the results of its own inspections as prescribed in its QCP. The Government may review 100% of the documents, or a representative sample, at any point during the period of performance.

6. FUNCTIONAL PERFORMANCE AREAS AND STANDARDS

To facilitate the performance review process, the required performance standards are organized into nine functional areas. Each functional area represents a proportionate share (i.e., weight) of the monthly invoice amount payable to the Service Provider based on meeting the performance standards. Payment withholdings and deductions will be based on these percentages and weights applied to the overall monthly invoice.

ICE may, consistent with the scope the Agreement, unilaterally change the functional areas and associated standards affiliated with a specific functional area. The Contracting Officer will notify

the Service Provider at least 30 calendar days in advance of implementation of the new standard(s). If the Service Provider is not provided with the notification, adjustment to the new standard shall be made within 30 calendar days after notification. If any change affects pricing, the Service Provider may submit a request for equitable price adjustment in accordance with the "Changes" clause. ICE reserves the right to develop and implement new inspection techniques and instructions at any time during performance without notice to the Service Provider, so long as the standards are not more stringent than those being replaced.

7. FAILURE TO MEET PERFORMANCE STANDARDS

Performance of services in conformance with the PRS standards is essential for the Service Provider to receive full payment as identified in the Agreement. The Contracting Officer may take withholdings or deductions against the monthly invoices for unsatisfactory performance documented through surveillance of the Service Provider's activities gained through site inspections, reviews of documentation (including monthly QCP reports), interviews and other feedback. As a result of its surveillance, the Service Provider will be assigned the following rating relative to each performance standard:

Rating	**Description**
Acceptable	Based on the measures, the performance standard is demonstrated.
Deficient	Based on the measures, compliance with most of the attributes of the performance standard is demonstrated or observed with some area(s) needing improvement. There are no critical areas of unacceptable performance
At-Risk	Based on the performance measures, the majority of a performance standard's attributes are not met.

Using the above standards as a guide, the Contracting Officer will implement adjustments to the Service Provider's monthly invoice as prescribed in Attachment A.

Rather than withholding funds until a deficiency is corrected, there may be times when an event or a deficiency is so egregious that the Government ***deducts*** (vs. "withholds") amounts from the Service Provider's monthly invoice. This may happen when a significant event occurs, when a particular deficiency is noted multiple times without correction, or when the Service Provider has failed to take timely action on a deficiency about which he was properly and timely notified. The amount deducted will be consistent with the relative weight of the functional performance area where the deficiency was noted. The deduction may be a one-time event, or may continue until

the Service Provider has either corrected the deficiency, or made substantial progress in the correction.

Further, a deficiency found in one functional area may tie into another. If a detainee escaped, for example, a deficiency would be noted in "Security," but may also relate to a deficiency in the area of "Administration and Management." In no event will the withhold or deduction exceed 100% of the invoice amount.

8. NOTIFICATIONS

(a) Based on the inspection of the Service Provider's performance, the COR will document instances of deficient or at-risk performance (e.g., noncompliance with the standard) using the CDR located at Attachment B. To the extent practicable, issues should be resolved informally, with the COR and Service Provider working together. When documentation of an issue or deficiency is required, the procedures set forth in this section will be followed.

(b) When a CDR is required to document performance issues, it will be submitted to the Service Provider with a date when a response is due. Upon receipt of a CDR, the Service Provider shall immediately assess the situation and either correct the deficiency as quickly as possible or prepare a corrective action plan. In either event, the Service Provider shall return the CDR with the action planned or taken noted. After the COR reviews the Service Provider's response to the CDR including its planned remedy or corrective action taken, the COR will either accept the plan or correction or reject the correction or plan for revision and provide an explanation. This process should take no more than one week. The CDR shall not be used as a substitute for quality control by the Service Provider.

(c) The COR, in addition to any other designated ICE official, shall be notified immediately in the event of all emergencies. Emergencies include, but are not limited to the following: activation of disturbance control team(s); disturbances (including gang activities, group demonstrations, food boycotts, work strikes, work-place violence, civil disturbances, or protests); staff use of force including use of lethal and less-lethal force (includes detainees in restraints more than eight hours); assaults on staff or detainees resulting in injuries requiring medical attention (does not include routine medical evaluation after the incident); fights resulting in injuries requiring medical attention; fires; full or partial lock down of the Facility; escape; weapons discharge; suicide attempts; deaths; declared or non-declared hunger strikes; adverse incidents that attract unusual interest or significant publicity; adverse weather (e.g., hurricanes, floods, ice or snow storms, heat waves, tornadoes); fence damage; power outages; bomb threats; significant environmental problems that impact the Facility operations; transportation accidents resulting in injuries, death or property damage; and sexual assaults. Note that in an emergency situation, a CDR may not be issued until an investigation has been completed.

(d) If the COR concludes that the deficient or at-risk performance warrants a withholding or deduction, the COR will include the CDR in its monthly report, with a copy to the Contracting Officer. The CDR will be accompanied by the COR's investigation report and written recommendation for any withholding. The Contracting Officer will consider the COTR's recommendation and forward the CDR along with any relevant supporting information to the Service Provider in order to confirm or further discuss the prospective cure, including the Government's proposed course of action. As described in section 7 above, portions of the monthly invoice amount may be withheld until such time as the corrective action is completed, ***or*** a deduction may be taken.

(e) Following receipt of the Service Provider's notification that the correction has been made, the COR may re-inspect the Facility. Based upon the COR's findings, he or she will recommend that the Contracting Officer continue to withhold a proportionate share of the payment until the correction is made, or accept the correction as final and release the full amount withheld for that issue.

(f) If funds have been withheld and either the Government or the Service Provider terminates the Agreement, those funds will not be released. The Service Provider may only receive withheld payments upon successful correction of an instance of non-compliance. Further, the Service Provider is not relieved of full performance of the required services hereunder; the Agreement may be terminated upon adequate notice from the Government based upon any one instance, or failure to remedy deficient performance, even if a deduction was previously taken for any inadequate performance.

(g) The COR will maintain a record of all open and resolved CDRs.

9. DETAINEE OR MEMBER OF THE PUBLIC COMPLAINTS

The detainee and the public are the ultimate recipients of the services identified in this Agreement. Any complaints made known to the COTR will be logged and forwarded to the Service Provider for remedy. Upon notification, the Service Provider shall be given a pre-specified number of hours after verbal notification from the COTR to address the issue. The Service Provider shall submit documentation to the COTR regarding the actions taken to remedy the situation. If the complaint is found to be invalid, the Service Provider shall document its findings and notify the COTR.

10. ATTACHMENTS

A. Performance Requirements Summary
B. Contract Discrepancy Report

ATTACHMENTS 2A

Attachment 2A – Performance Requirements

FUNCTIONAL AREA/ WEIGHT	ACCEPTABLE QUALITY LEVEL and/or PERFORMANCE STANDARD (PBNDS 2011)	WITHHOLDING/DEDUCTION CRITERIA
Safety (20%) Addresses a safe work environment for staff, volunteers, contractors and detainees	**PBNDS References: Part 1 - SAFETY** 1.1 Emergency Plans; 1.2 Environmental Health and Safety; 1.3 Transportation (by Land).	A Contract Discrepancy Report that cites violations of cited PBNDS or PWS (contract) sections that provide a safe work environment for staff, volunteers, contractors and detainees, permits the Contract Officer to withhold or deduct up to **20%** of a month invoice until the Contract Officer determines there is full compliance with the standard or section.
Security (20%) Addresses protection of the community, staff, contractors, volunteers and detainees from harm	**PBNDS References: Part 2 - SECURITY** 2.1 Admission and Release; 2.2 Classification System; 2.3 Contraband; 2.4 Facility Security and Control; 2.5 Funds and Personal Property; 2.6 Hold Rooms in Detention Facilities; 2.7 Key and Lock Control; 2.8 Population Counts; 2.9 Post Orders; 2.10 Searches of Detainees; 2.11 Sexual Abuse and Assault Prevention and Intervention; 2.12 Special Management Units; 2.13 Staff-Detainee Communication; 2.14 Tool Control; 2.15 Use of Force and Restraints.	A Contract Discrepancy Report that cites violations of PBNDS or PWS (contract) sections that protect the community, staff, contractors, volunteers, and detainees from harm, permits the Contract Officer to withhold or deduct up to **20%** of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.
Order (10%) Addresses contractor responsibility to maintain an orderly environment with clear expectations of behavior and systems of accountability	**PBNDS Reference**: **Part 3 - ORDER** 3.1 Disciplinary System.	A Contract Discrepancy Report that cites violations of PBNDS or PWS (contract) sections that maintain an orderly environment with clear expectations of behavior and systems of accountability permits the Contract Officer to withhold or deduct up to **10%** of a monthly invoice until the Contract Officer determines there is full compliance with the standard of section.
Care (20%) Addresses contractor responsibility to provide for the basic needs and personal care of detainees	**PBNDS References: Part 4 - CARE** 4.1 Food Service; 4.2 Hunger Strikes; 4.3 Medical Care; 4.4 Personal Hygiene; 4.5 Suicide Prevention and Intervention; 4.6 Terminal Illness, Advanced Directives, and Death. 4.7 Electronic Quality Medical Care (QMC) reporting, and; **PWS Section V.(D.) (Medical) and related Attachments**	A Contract Discrepancy Report that cites violations of PBNDS or PWS (contract) sections that provide for the basic needs and personal care of detainees, permits the Contract Officer to withhold or deduct up to **20%** of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.
Activities (10%) Addresses contractor responsibilities to reduce the negative effects of confinement	**PBNDS References: Part 5 - ACTIVITIES** 5.1 Correspondence and Other Mail; 5.2 Escorted Trips for Non-Medical Emergencies; 5.3 Marriage Requests; 5.4 Recreation; 5.5 Religious Practices; 5.6 Telephone Access; 5.7 Visitation;	A Contract Discrepancy Report that cites violations of PBNDS or PWS (contract) sections that reduce the negative effects of confinement permits the Contract Officer to withhold or deduct up to **10%** of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.

FUNCTIONAL AREA/ WEIGHT	ACCEPTABLE QUALITY LEVEL and/or PERFORMANCE STANDARD (PBNDS 2011)	WITHHOLDING/DEDUCTION CRITERIA
	5.8 Voluntary Work Program.	
Justice (10%) Addresses contractor responsibilities to treat detainees fairly and respect their legal rights	**PBNDS References: Part 6 - JUSTICE** 6.1 Detainee Handbook; 6.2 Grievance System; 6.3 Law Libraries and Legal Materials; 6.4 Legal Rights Group Presentations.	A Contract Discrepancy Report that cites violations of PBNDS or PWS (contract) sections that treat detainees fairly and respect their legal rights, permits the Contract Officer to withhold or deduct up to **10%** of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.
Administration and Management (10%) Addresses contractor responsibilities to administer and manage the facility in a professional and responsible manner consistent with legal requirements	**PBNDS References: Part 7 - -ADMIN & MANAGEMENT** 7.1 Detention Files; 7.2 News Media Interviews and Tours; 7.3 Staff Training; 7.4 Transfer of Detainees; 7.5 Transportation Reporting requirements (G-391 Upload Template) 7.6 Pre-Transition and Transition **Accommodations for the Disabled, 4-ALDF-6B-04, 4-ALDF-6B-07**	A Contract Discrepancy Report that cites violations of PBNDS or PWS (contract) sections that require the Contractor's administration and management of the facility in a professional and responsible manner consistent with legal requirements, permits the Contract Officer to withhold or deduct up to **10%** of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.
Workforce Integrity (10%) Addresses the adequacy of the detention/correctional officer hiring process, staff training and licensing/certification and adequacy of systems	**Staff Background and Reference Checks (Contract) 4-ALDF-7B-03** **Staff Misconduct 4-ALDF-7B-01** **Staffing Pattern Compliance within 10% of required (Contract) 4-ALDF-2A-14** **Staff Training, Licensing, and Credentialing (Contract) 4-ALDF-4D-05, 4-ALDF-7B-05, 4-ALDF-7B-08**	A Contract Discrepancy Report that cites violations of the ALDF Standards associated with Workforce Integrity or PWS (contract) sections permits the Contract Officer to withhold or deduct up to **10%** of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.
Detainee Discrimination (10%) Addresses the adequacy of policies and procedures to prevent discrimination against detainees based on their gender, race, religion, national origin, or disability	**Discrimination Prevention 4-ALDF-6B-02-03**	A Contract Discrepancy Report that cites violations of the ALDF Standards associated with Detainee Discrimination or PWS (contract) sections permits the Contract Officer to withhold or deduct up to **10%** of a monthly invoice until the Contract Officer determines there is full compliance with the standard or section.

ATTACHMENT 2B

Attachment 2B – Contract Discrepancy Report

CONTRACT DISCREPANCY REPORT	1. CONTRACT NUMBER
Report Number:	**Date:**

2. TO: (Contractor and Manager Name)	3. FROM: (Name of COR)

DATES

CONTRACTOR NOTIFICATION	CONTRACTOR RESPONSE DUE BY	RETURNED BY CONTRACTOR	ACTION COMPLETE

4. DISCREPANCY OR PROBLEM *(Describe in Detail: Include reference in PWS / SOW or Directive: Attach continuation sheet if necessary.)*

5. SIGNATURE OF CONTRACTING OFFICER'S REPRESENTATIVE (COR)

6. TO: (*COR*)	7. FROM: (*Contractor*)

8. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. ATTACH CONTINUATION SHEET IF NECESSARY. (*Cite applicable Q.A. program procedures or new A.W. procedures.*)

9. SIGNATURE OF CONTRACTOR REPRESENTATIVE	10. DATE

11. GOVERNMENT EVALUATION OF CONTRACTOR RESPONSE/RESOLUTION PLAN: (*Acceptable response/plan, partial acceptance of response/plan, rejection: attach continuation sheet if necessary*)

12. GOVERNMENT ACTIONS (*Payment withholding, cure notice, show cause, other.*)

CLOSE OUT

	NAME AND TITLE	SIGNATURE	DATE
CONTRACTOR NOTIFIED			
COR			
CONTRACTING OFFICER			

ATTACHMENT 3

Office of Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536

U.S. Immigration and Customs Enforcement

SEP 29 2016

MEMORANDUM FOR: All Field Office Directors, Deputy Field Office Directors, Assistant Directors, and Deputy Assistant Directors

FROM: Thomas Homan
Executive Associate Director

SUBJECT: Authorized Firearms for Enforcement and Removal Operations

Purpose:

To provide guidance and clarification on certain items within the Interim U.S. Immigration and Customs Enforcement (ICE) Firearms Policy. This memorandum will provide guidance for armed personnel within Enforcement and Removal Operations (ERO).

Background:

The Interim ICE Firearms Policy requires the Director of the operational programs to determine which firearms listed in Appendix 1, ICE Approved Firearms and Intermediate Force Devices, may be carried by armed personnel within their program. ERO has been working with the Office of Firearms and Tactical Programs (OFTP) to bring forth new firearms technology that will better serve the needs of the armed workforce. The changes reflected in this memorandum are intended to immediately address specific operational requirements based on information received from the field.

This memorandum supersedes the ERO firearms authorization memorandum dated February 1, 2016, "Authorized Firearms for Enforcement and Removal Operations." Remaining superseded memoranda include the January 21, 2016 "Authorized Firearms for Enforcement and Removal Operations," February 19, 2013, "Authorized Firearms for Enforcement and Removal Operations," the April 30, 2012, "Authorized Firearms for Enforcement and Removal Operations," and the August 18, 2011, "Authorized Firearms for Enforcement and Removal Operations."

Discussion:

ERO armed personnel are authorized to carry the following ICE-issued or approved, personally owned handguns on or off duty:

1. Sig Sauer P229 (.40)
2. Sig Sauer P226 (.40)
3. Sig Sauer P239 (.40)

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 76 of 1402

4. HK USP .40 Compact LEM
5. HK P2000 (.40)
6. HK P2000SK (.40)
7. Glock 17 (9mm)
8. Glock 19 (9mm) (Gen. 3 or 4)
9. Glock 26 (9mm)
10. Glock 43 (9mm)
11. S&W 5-shot revolvers ("J-Frames") in .38 +P/.357

All ERO armed personnel are authorized to carry any of the above firearms as a primary or a secondary and/or back up firearm on or off duty as described in Part 1 C of the Interim ICE Firearms Policy. The S&W 5-shot revolver and the Glock Model 43 9mm handgun shall not be used as a primary firearm for any planned law enforcement action.

This memorandum authorizes active ERO Special Response Team (SRT) members to carry the FNH MK16 rifle during SRT deployments and other enforcement operations performed as part of their normal duties.

ERO armed personnel are authorized to carry the following ICE-issued shoulder-fired and specialty firearms:

1. Remington 870 12 Gauge Shotgun
2. Colt M4 and M16A2 (.223)
3. HKMP5 (9mm)

Field Office Directors are expected to determine which of the above-listed shoulder-fired weapons are appropriate for operations within their areas of responsibility, considering officer and public safety concerns and in accordance with the Interim ICE Firearms Policy.

When making a decision to purchase personally owned firearms for official use, ERO personnel should recognize that ICE may amend or rescind the approved, personally owned firearms list at any time. In the event that an armed ERO employee wishes to place one of the approved firearms into service, the employee must follow the procedures outlined in the "ICE Guide to Personally Owned Handguns Approved for Official Use," which is located on the Office of Firearms and Tactical Programs website.

If you have any questions regarding ICE authorized firearms, please contact Bert Medina, Assistant Director, Office of Firearms and Tactical Programs at (202) 732-3006 or bert.medina@ice.dhs.gov.

ATTACHMENT 4

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ICE Policy System

OFFICE OF PRIMARY INTEREST: Director of Operations (National Firearms and Tactical Training Unit)

DISTRIBUTION:	ICE
DIRECTIVE NO.:	70001.1
ISSUE DATE:	02/04/2005
EFFECTIVE DATE:	02/04/2005
REVIEW DATE:	02/04/2008
SUPERSEDES:	see section 3

DIRECTIVE TITLE: **ICE Body Armor Policy**

1. PURPOSE and SCOPE. To establish the U.S. Immigration and Customs Enforcement (ICE) policy for the use of personal protective soft body armor (body armor) and identify related management and employee responsibilities. This directive applies to all components of ICE with armed officers.

2. AUTHORITIES/REFERENCES.

2.1. Statutory and Regulatory Authority

8 USC 1103

2.2. ICE Policy

Interim ICE Firearms Policy (July 7, 2004)

Interim ICE Use of Force Policy (July 7, 2004)

2.3 National Institute of Justice Reference Documents

Ballistic Resistance of Personal Body Armor (NIJ Standard 0101-03 and 0101-04 and amendments)

Selection and Application Guide to Personal Body Armor (NIJ Guide 100-01 and 100-98, and amendments)

3. SUPERSEDED/CANCELLED POLICY/SUMMARY OF CHANGES. This directive supersedes previous legacy policies, issuances and previously recognized processes for soft body armor for all ICE offices with armed officers.

4. DEFINITIONS.

4.1. **Body Armor** - A protective garment designed to stop a variety of standard handgun projectiles. The armor is not designed to stop all projectiles, especially those fired from high-caliber rifles. Unless rated as stab resistant, this armor is not designed to prevent injury from sharp or cutting or piercing-type weapons. No body armor is designed as a replacement for common sense, good judgment and proper street survival procedures and tactics.

4.2. **Technology Standards for Body Armor** – The Law Enforcement and Corrections Standards and Testing Program (LECSTP) is sponsored by the Office of Science and Technology of the National Institute of Justice (NIJ), Department of Justice (DOJ). The LECSTP is an applied research effort that determines the technological needs of justice systems agencies, sets minimum performance standards for specific devices, tests commercially available equipment against those standards and disseminates the standards and the test results to criminal justice agencies nationally and internationally. The NIJ reference documents for this policy are listed in the Authorities section and are as follows: Ballistic Resistance of Personal Body Armor (NIJ Standard 0101-03 and 0101-04) and Selection and Application Guide to Personal Body Armor (NIJ Guide 100-01 and 100-98), to include amendments.

5. POLICY.

5.1. All ICE employees authorized to carry firearms as a condition of employment shall be issued protective body armor. New employees will be fitted for body armor during their initial training at the Federal Law Enforcement Training Center (FLETC) or as specified by ICE. Replacement of expired or damaged body armor in the field shall be coordinated with the designated official for that operational component, most often the Senior Firearms Instructor (SFI).

5.2. The ballistic resistance performance standard for protective body armor requires a minimum of threat level type IIA protection, with side panel coverage, and must meet the current NIJ standards.

5.3. All ICE armed officers are strongly encouraged to wear their issued body armor while performing law enforcement duties. When not being worn, body armor should be readily accessible in the vehicle or building where the officer is working. When away from the vehicle or building, the ICE armed officer does not have to carry the body armor, unless instructed by a supervisor.

5.4. All Federal Protective Service (FPS) armed uniformed officers shall wear their issued body armor while in the performance of their law enforcement duties. When in a non-uniform status or not being worn, body armor should be readily accessible in the vehicle or building where the officer is working. When away

from the vehicle or building, the ICE armed officer does not have to carry the body armor, unless instructed by an FPS supervisor.

5.5. All Detention and Removal Operations (DRO) armed uniformed officers shall wear their issued body armor while in the performance of their law enforcement duties. When not being worn, body armor should be readily accessible in the vehicle or building where the officer is working. DRO armed officers performing administrative duties or duties inside a detention facility shall not be required to wear their issued body armor.

5.6. Due to their covert mission within the aviation environment, Federal Air Marshals shall wear issued body armor according to their internal guidance and procedures as established by the Director, Federal Air Marshal Service.

5.7. The wearing of body armor during normal operations is at the discretion of the employee, except during activities as specified in the Procedures Section of this directive and for FPS and DRO armed officers as stated above in sections 5.4 and 5.5.

5.8. All employees need to be aware of the health risks associated with the wearing of body armor in high-heat/high humidity conditions and/or during strenuous exertion. When employees are required to wear body armor, they shall be provided opportunities to rehydrate and remove the body armor as necessary.

5.9. ICE does not authorize the use of personally owned body armor for armed officers while functioning as ICE employees. Any exception to this requirement first must be approved by the director of the operational component and then by the Director of the National Firearms and Tactical Training Unit (NFTTU).

6. RESPONSIBILITIES.

6.1. The NFTTU is responsible for the development of all national policy and procedures, and exercises program management responsibility for the body armor program.

6.2. The NFTTU shall coordinate all research, testing, evaluation, procurement, distribution and destruction of body armor.

6.3. The SFIs are responsible for coordinating requests for body armor, ensuring training requirements are met and conducting inspections of all body armor as required by the NFTTU.

6.4. Supervisors are responsible for ensuring armed personnel under their supervision are issued body armor and that it has not exceeded its expiration date.

6.5. Supervisors are responsible for ensuring that all personnel issued body armor comply with the mandatory requirements for wearing body armor specified in the Procedures Section of this policy.

6.6. ICE officers are responsible for the proper care and inspection of the issued body armor in accordance with the manufacturer's recommendations and ballistic panel labeling.

6.7. ICE officers are required to attend, participate and complete all mandated body armor training as required by ICE and/or their operational component.

7. PROCEDURES.

7.1. The NFTTU will develop standard operating procedures to be used for the selection, procurement, issuance, accountability, replacement and disposal of all ICE-owned and issued body armor.

7.2. The NFTTU shall maintain the national inventory system for body armor. Unless otherwise identified by the NFTTU, the Firearms Inventory System (FIS) module in the Automated Management Information System is the national inventory system and will be the official system of record for the accountability, transfer and inventory of all ICE body armor.

7.3. The officer to whom the body armor is issued is responsible for electronically accepting it in the designated automated inventory system. Body armor should not be documented on any other ICE property record document other than for exigent circumstances and only as an interim hand receipt until FIS can be properly updated by the responsible officer(s).

7.4. A 100 percent body armor inventory shall be performed annually by all employees issued body armor in FIS. Responsible officials (supervisory personnel) shall ensure that the employees complete their annual inventory and verification process in FIS within 30 days of notification of the initiation of the inventory process. Employees who fail to complete their inventory and verifications within the specified 30 days may be subject to disciplinary action.

7.5. In the event that body armor is lost or stolen, it must be reported to the NFTTU via facsimile (814-946-9995) and FIS within 48 hours of discovery by the employee to whom it was issued. This FIS reporting requirement does not preclude any other reporting requirement(s) mandated by any other ICE policy or procedure. The stolen body armor information, with serial number, shall also be entered into the National Crime Information Center (NCIC) database.

7.6. The wearing of body armor by ICE armed officers is mandatory during the following activities:

7.6.1. Special Response Team (SRT) deployments when officers are part of an arrest, or operate as an entry or perimeter element;

7.6.2. Executing arrests in pre-planned situations. ICE officers working in an undercover capacity, or in support of another officer working in an undercover capacity, may be exempted from the requirement of wearing body armor stated in this section, if the wearing of the body armor presents a danger of being exposed as a law enforcement officer. This exemption pertains to officers who will be working in close proximity to violators and who may identify the officer as a law enforcement officer by noticing the body armor. In all cases, the exemption must be approved by a first-line supervisor prior to the operation;

7.6.3. Execution of high-risk search warrants until the premises are secured and cleared or at the discretion of the first-line supervisor;

7.6.4. Apprehension phases of air and marine interdiction operations;

7.6.5. Transportation, storage or destruction of seized narcotics, currency or other high risk or valuable commodity;

7.6.6. During normal operations for FPS and DRO officers, if armed, and in uniform as stated above in sections 5.4., 5.5. and 5.7.;

7.6.7. In emergency situations where ICE management determines there is an immediate threat to the safety of employees. In addition to the nature of the emergency situation, ICE management will also determine the duration of the emergency and, accordingly, the length of time that body armor must be worn; and,

7.6.8. During all DRO fugitive apprehension operations regardless of whether it is a formalized, preplanned operation or not. This does not include simple investigative inquiries when an apprehension is not anticipated by the DRO armed officer.

7.7. SFIs shall ensure that training is provided to each employee who is issued body armor. SFIs shall ensure that all training is documented in the appropriate system as identified by the NFTTU.

7.8. Body armor training covers the following:

- Circumstances/situations when body armor must be worn;
- Type of body armor that is necessary;

- Procedures to properly don, doff, adjust and wear body armor;
- Limitations of body armor;
- Proper care, maintenance and useful life of the body armor; and,
- Use of firearms while wearing body armor.

7.9. Employees shall notify their supervisor(s) of the need to replace worn, damaged or ill-fitting body armor should such a need be identified by the armed officer or SFI.

7.10. Body armor that is no longer serviceable will be physically and electronically transferred to the NFTTU for final disposition.

7.11. Expired body armor distributed prior to the utilization of the NFTTU automated system for inventory and accountability shall be physically transferred to the NFTTU for final disposition. The NFTTU shall furnish guidance for the manual transfer of body armor that is not documented in FIS.

7.12. Additional guidance or instructions regarding the identification, procurement, replacement, transfer, tracking and inventory of body armor may be issued by the NFTTU to address agency transition, reorganization and/or realignment.

8. **NO PRIVATE RIGHT STATEMENT. This Directive is an internal policy statement of ICE. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable by any party against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.**

Approved _____
Michael J. Garcia
Assistant Secretary

ATTACHMENT 5

IHSC Minimum Staffing Requirements by Facility Size*
per 2011 PBNDS Standards

Position	Ratio		Number of staff required by position											
	Facility Beds	250	500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000	3250
HSA/AHSA	1:750	1	1	1	2	2	2	3	3	3	4	4	4	5
AA	1:1800	1	1	1	1	1	1	1	2	2	2	2	2	2
MD	1:750	1	1	1	2	2	2	3	3	3	4	4	4	5
APP	1:186	2	2	4	5	6	8	9	10	12	13	14	16	17
MHP	1:415	1	1	1	2	3	3	4	4	5	6	6	7	7
DDS	1:750	1	1	1	2	2	2	3	3	3	3	3	4	4
DT	1:750	1	1	1	1	1	2	2	2	3	4	4	4	5
Psychiatrist	1:1000	1	1	1	1	2	2	2	2	3	3	3	3	4
RDH	1:1000	1	1	1	1	2	2	2	2	3	3	3	3	4
Pharm	1:1500	1	1	1	1	1	1	2	2	2	2	2	2	3
Pharm Tech	1:1000	1	1	1	1	2	2	2	2	3	3	3	3	4
MRT	1:250-350	1	2	3	4	4	4	5	5	6	7	7	8	8
RT	1:1500	1	1	1	1	1	1	2	2	2	2	2	2	3
Nurse	1:53	5	9	14	19	24	28	33	38	42	47	52	57	61
Total Staff		19	24	32	43	53	60	73	80	92	103	109	119	132

The available bed space is the only element used for this spreadsheet. It does not factor in: gender, security levels, medical/ mental health complexities, or rapid throughput.

HSA/AHSA -Health Services Administrator/ Assistant Health Services Administrator
AA - Administrative Assistant
MD -Physician
APP - Advanced Practice Provider (Physician's Assistant, Nurse Practitioner)
MHP- Mental Health Provider (Psychologist, Licensed Clinical Social Worker)
DDS -Dentist
DT -Dental Assistant
RDH -Registered Dental Hygienist
Pharm-Pharmacist
Pharm Tech - Pharmacy Technician
MRT - Medical Records Technician
RT- Radiology Technician
Nurse - Registered Nurse, Licensed Vocational Nurse, Licensed Practical Nurse

*Minimum staffing includes relief factors, ratios are in accordance with NIAC guidelines

ATTACHMENT 6

INTAKE SCREENING

Identification

Patient was identified by (check 2 sources): ☐ Wrist Band ☐ Picture ☐ Verbally ☐ ID Badge ☐ Other:
Chaperone Present? ☐ Yes ☐ No If yes, give chaperone name:
Date of arrival at facility: Time of arrival: Time of initial screening:
If transferred from another facility, did medical transfer summary accompany the patient? ☐ Yes ☐ No ☐ Not Applicable
Was the Pre-Screening Note reviewed? ☐ Yes ☐ No

Subjective

Communication Assessment:

What language do you speak? ☐ English ☐ Spanish ☐ Other:
Interpreter provided? ☐ Yes ☐ No If yes, name or INT number:
If No, patient speaks: ☐ English fluently ☐ Provider fluent in patient's native language ☐ No interpreter available at this time
Do you have any difficulty with: ☐ Hearing ☐ Speech ☐ Vision Check if yes. If yes, what accommodation do you need to help you read, communicate, or navigate the facility?

Disability Screening:

Do you have any difficulty with walking, standing, or climbing stairs? ☐ Yes ☐ No If yes, explain:
Do you have any difficulty reading or writing? ☐ Yes ☐ No If yes, explain:
What was the highest grade completed in school?
Do you have any difficulty understanding directions? ☐ Yes ☐ No If yes, explain:

Medical Screening:

How do you feel today? (Explain in his/her own words)			
Are you currently having any pain? ☐ Yes ☐ No If yes, complete pain assessment below			
a. Character of pain:	b. Location:	c. Duration:	d. Intensity: (0-10 pain scale)
e. What relieves pain or makes it worse?			
Do you have any current or past medical problems? ☐ Yes ☐ No If yes, explain:			

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Medical Screening (continued)

Are you currently or in the past year have you taken any medication on a regular basis, including over the counter and herbal? ☐Yes ☐No If yes, list medications:
Do you have your medications with you? ☐Yes ☐No If yes, list medications and disposition:
Do you have any allergies to medication or food? ☐Yes ☐No If yes, list all:
Are you now or have you ever been treated by a doctor for a medical condition to include hospitalizations, surgeries, infectious or communicable diseases? ☐Yes ☐No If yes, explain:
Do you now or have you ever had Tuberculosis (TB)? ☐Yes ☐No
In the past 2 months, have you experienced any of the following signs or symptoms continuously for more than 2 weeks: Cough? ☐Yes ☐No Coughing up blood? ☐Yes ☐No Chest pain? ☐Yes ☐No Loss of appetite? ☐Yes ☐No Fever, chills, or night sweats for no known reason? ☐Yes ☐No Unexplained weight loss? ☐Yes ☐No
Symptom screening with positive responses(s) is concerning for active TB: ☐Yes ☐No If yes, explain:
Referred to provider for further evaluation. ☐Yes ☐No
Have you had any recent sudden changes with your vision or hearing? ☐Yes ☐No If yes, explain:
Do you have any specific dietary needs? ☐Yes ☐No If yes, explain:
Have you traveled outside of the US within the past 30 days? ☐Yes ☐No If so, where?
Have you ever had or have you ever been vaccinated against Chicken Pox? ☐Yes ☐No ☐Admits prior infection

LGBT Screening

Are you gay, lesbian, bisexual, transgender, intersex or gender non-conforming? ☐ Yes ☐ No
If transgender, what is your gender self-identification?

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Female Patient Only

Are you pregnant? ☐ Yes ☐ No ☐ Not Applicable If yes, date of last menstrual period:
Are you currently breastfeeding? ☐ Yes ☐ No If yes, when is the last day you breastfed?
Have you had unprotected sexual intercourse in the past 5 days? ☐ Yes ☐ No If yes, would you like to speak to a medical provider about emergency contraception to prevent a possible pregnancy? ☐ Yes ☐ No **If yes, contact a medical provider immediately for guidance.**

Oral Screening

Are you having any significant dental problems? ☐ Yes ☐ No If yes, explain:
Do you have dentures, partials, braces, etc? ☐ Yes ☐ No If yes, do you have these items with you?

Mental Health Screening

Have you ever been diagnosed with mental illnesses or mental health conditions? ☐ Yes ☐ No If yes, what illness?
Have you ever received counseling, medication or hospitalization for mental health problems (to include outpatient treatment)? ☐ Yes ☐ No If yes, explain. **Refer for follow-up and appropriate treatment as necessary.**
Do you have a history of self-injurious behavior? ☐ Yes ☐ No If yes: ☐ Cutting ☐ Self-mutilation ☐ Other Most recent **If yes, refer for follow-up and appropriate treatment as necessary.**
Have you ever tried to kill or harm yourself? ☐ Yes ☐ No If yes, when did the attempt occur? Method: ☐ Gun ☐ Hanging ☐ Cutting skin ☐ Pills ☐ Other **If attempt was within the last 90 days, make referral to mental health immediately.**
Are you currently thinking about killing or harming yourself? ☐ Yes ☐ No **If yes, make referral to mental health immediately.**
Do you have a history of assaulting or attacking others? ☐ Yes ☐ No
Do you know of someone in this facility whom you wish to attack or harm? ☐ Yes ☐ No If yes, who is this person? **If yes, make referral to mental health immediately.**
Do you now or have you ever heard voices that other people don't hear, seen things or people that others don't see, or felt others were trying to harm you for no logical or apparent reason? ☐ Yes ☐ No If yes, explain:

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

\\\\\

Have you been a victim of physical or sexual abuse or assault? ☐ Yes ☐ No If yes, explain: **If yes, refer for medical or mental health evaluation as appropriate.**
Do you feel that you are in danger of being physically or sexually assaulted while you are in custody? ☐ Yes ☐ No If yes, explain: **If yes, refer for follow-up and appropriate treatment as necessary.**
Have you ever sexually assaulted or abused another person? ☐ Yes ☐ No If yes, explain: **If yes, refer for medical or mental health evaluation as appropriate.**

Trauma History Screening

Have you had a physical or emotional trauma due to abuse or victimization? ☐ Yes ☐ No
Have you ever experienced, witnessed or been confronted with an event that involved actual or threatened death or serious injury (can include domestic violence, sexual assault, robbery, natural disaster, war, serious illness, terrorism). ☐ Yes ☐ No If yes, answer the following: • Was your response to this event intense fear, helplessness or horror? ☐ No ☐ Some ☐ Moderate ☐ Extreme • Has this experience caused significant distress or impairment in your life? ☐ No ☐ Some ☐ Moderate ☐ Extreme • Has it affected your interpersonal relationships, work or other areas? ☐ No ☐ Some ☐ Moderate ☐ Extreme • Is this experience currently causing significant distress or impairment in your life? ☐ No ☐ Some ☐ Moderate ☐ Extreme **If the patient experienced any of the above, refer for follow-up and appropriate treatment as necessary.**

Cultural/Religious Assessment

Is there anything important to know about your religious or cultural beliefs that are of concern to you while in detention? ☐ Yes ☐ No If yes, explain:

Substance Use/Abuse Screening

Have you ever been treated for drug and/or alcohol problems?	☐ Yes ☐ No
Have you ever suffered withdrawal symptoms from drug and/or alcohol use?	☐ Yes ☐ No
Are you able to stop using drugs or alcohol if you want?	☐ Yes ☐ No
Have you ever blacked out or experienced memory loss from drinking or drug use?	☐ Yes ☐ No
Have drug or alcohol use negatively impacted your life (family, work, relationships, criminal charges)?	☐ Yes ☐ No
If yes to any of the above questions, explain: **Refer for follow-up and appropriate treatment as necessary.**	

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Substance Use/Abuse Screening (continued)

In the past three months, have you used tobacco, alcohol, illegal drugs, or misused prescription drugs? ☐Yes ☐No		
If yes, complete the following (refer for follow-up and appropriate treatment as necessary).		
Substance Used/Route of Use	Date of Last Use	Amount/Quantity Last Used

Objective

Patient does not appear to have abnormal physical, mental, and/or emotional characteristics. ☐Yes ☐No
Patient does not appear to have barriers to communication. ☐Yes ☐No
Patient is oriented to: Person ☐Yes ☐No Place ☐Yes ☐No Time ☐Yes ☐No
If you observe any of the following, check the appropriate box and document findings below: Appearance: ☐Sweating ☐Shaking/tremors ☐Anxious ☐Disheveled ☐Ill appearance Findings:
Behavior: ☐Disorderly ☐Appropriate ☐Insensible ☐Agitation ☐Inability to focus/concentrate Findings:
State of Consciousness: ☐Alert ☐Responsive ☐Lethargic Findings:
Ease of Movement: ☐Body deformities ☐Gait Findings:
Breathing: ☐Persistent cough ☐Hyperventilation Findings:
Skin: ☐Lesions ☐Jaundice ☐Rashes ☐Infestations ☐Nits (lice) ☐Bruises ☐Scars ☐ ☐Tattoos Needle Marks or Indications of Drug Use Findings:
Developmental or Physical Disabilities: ☐Developmental Delay ☐Para/quadriplegia ☐Stroke ☐Amputation ☐Cardiac condition Findings:
Assistive Devices: ☐Glasses/Contacts ☐Hearing aid(s) ☐Denture(s)/Partial(s) ☐Orthopedic brace ☐Prosthetic ☐Cane Findings:
☐None Observed
Comments/Other Findings:

Vital Signs

T _____ P _____ Resp _____ BP _____ HT _____ WT _____ HCG Results: ☐Pos ☐Neg ☐N/A

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Assessment

Initial Medical Screening:

☐ No findings requiring referral
☐ Findings requiring referral identified. See disposition below.
☐ List all findings:

Plan

Disposition:

☐ General population
☐ General population with referral for: ☐ Medical ☐ Mental health care
☐ Isolation until medically evaluated
☐ Referral for immediate: ☐ Medical ☐ Mental health ☐ Dental care
Details of referral:

Care/Intervention/Follow-up:

☐ Physical examination/Health Assessment will be performed within 14 days.
☐ Physical exam will be scheduled for patient.
☐ Tuberculin Skin Test (TST) administered ☐ Left forearm ☐ Right forearm
☐ Chest X-Ray (CXR) completed with appropriate shielding
☐ TST or CXR not needed. Transfer Summary accompanying patient documents negative screening within timeframe allowed by policy.
☐ The following care/treatment was provided during this Intake Screening.

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

Patient Education:

☐ Tuberculosis screening and need for tuberculin skin test (TST) or chest x-ray (CXR) explained to patient prior to performance.
☐ Access to medical, dental, and mental health care explained to patient as well as grievance process.
☐ Given the Dealing with Stress brochure in language.
☐ Given the Medical Orientation brochure in language.
☐ Given the Health Information brochures in language.
☐ Patient verbalized understanding of teaching or instruction provided.
☐ Patient was asked if he or she had any additional questions and all questions were addressed.
☐ Female ONLY: Educated and provided brochure describing female medical and mental health services related to pregnancy, terminated/miscarried pregnancies, contraception, family planning and age-appropriate gynecological health care.
☐ Other education provided:

Provider's Signature	Stamp / Printed Name	Date	Time
Reviewer's Signature	Stamp / Printed Name	Date	Time

Last Name:	First Name:
A#:	Country of Origin:
Date of Arrival:	DOB:
Facility:	Sex:

ATTACHMENT 7

Clinical Guidelines for the Diagnosis, Evaluation and Management of Adults with Asthma (≥ 12 years of Age)

Introduction:

As all Guidelines are intended to be flexible, they serve as recommendations, *not rigid criteria.* The guideline for asthma (reactive airway disease) should be followed in most cases, but depending on the patient, and the circumstances, the clinical practice guidelines for asthma may need to be tailored to fit individual needs. These guidelines are tied to the concept of severity, control and responsiveness and domains of impairment and risk.

1. ***Criteria that suggest the diagnosis of asthma:***

Consider a diagnosis of asthma and perform spirometry if any of these indicators are present *:

- The symptoms of dyspnea, cough and/or wheezing, especially nocturnal-difficulty breathing or chest tightness-
- With acute episodes: hyperventilation of thorax, decreased breath sounds, high pitched wheezing, and use of accessory muscles
- Symptoms worse in presence of exercise, viral infection, inhaled allergens, irritants, changes in weather, strong emotional expression, stress, menstrual cycles
- Reversible airflow obstruction: FEV_1> 12% from baseline or increase in FEV_1 > 10 % of predicted after inhalation of bronchodilator, if able to perform spirometry
- Alternative diagnoses are excluded.

*** Eczema, hay fever, and/or a family history of asthma or atopic diseases are often associated with asthma, but they are not key indicators.**

2. ***Goal of Therapy : Control of Asthma***

A). Reduce Impairment

- Prevent chronic and troublesome symptoms (e.g., coughing or breathlessness in the daytime, in night, or after exertion).
- Require infrequent use (< 2 days a week) of inhaled Short-Acting Beta $_2$-Agonist (SABA) for quick relief of symptoms (not including prevention of exercise-induced bronchospasm [EIB])
- Maintain (near) normal pulmonary function; Peak Expiratory Flow circadian variation < 20%
- Maintain normal activity levels (including exercise and other physical activity and attendance at work)
- Meet patients' expectations under his/her detention environment regarding satisfaction with asthma care.

B). Reduce Risk

- Prevent recurrent exacerbations of asthma and minimize the need for emergency department visits or hospitalizations.
- Provide optimal pharmacotherapy with minimal or no adverse effects of therapy.

3). Refer to Asthma Specialist such as an allergist or pulmonologist when the following occurs:

- A life-threatening asthma exacerbation
- Failure to meet the goals of asthma therapy after 3-6 months of treatment. An earlier referral or consultation is appropriate if the physician concludes that the patient is unresponsive to therapy.
- Signs and symptoms are atypical, or there are problems in differential diagnosis.
- Other conditions complicate asthma or its diagnosis, e.g., sinusitis; nasal polyps; Bronchopulmonary aspergillosis (BPA) which is uncommon and results from an allergic pulmonary reaction to inhaled spores of *Aspergillus fumigatus and occasionally from other Aspergillus* species; severe rhinitis; vocal cord dysfunction; GERD; chronic obstructive pulmonary disease.
- Additional diagnostic testing is indicated (e.g., allergy skin testing, rhinoscopy, complete pulmonary function studies, provocative challenge, bronchoscopy)
- Additional education and guidance is required on complications of therapy, problems with adherence, or allergen avoidance.
- The detainee patient is being considered for immunotherapy.
- The detainee patient requires step 4 care or higher.
- The detainee patient has had more than two bursts of oral corticosteroids in one year or has an exacerbation requiring hospitalization.
- Requiring confirmation of a history that suggests that an occupational or environmental inhalant or ingested substance is provoking or contributing to asthma. Depending on the complexities of diagnosis, treatment, or the intervention required in the detention environment, it may be appropriate in some cases for the specialist to manage the patients over a period of time or to co-manage with the IHSC provider.

Table 1 **Classification of Asthma Severity ≥ 12 years of Age & Adults**

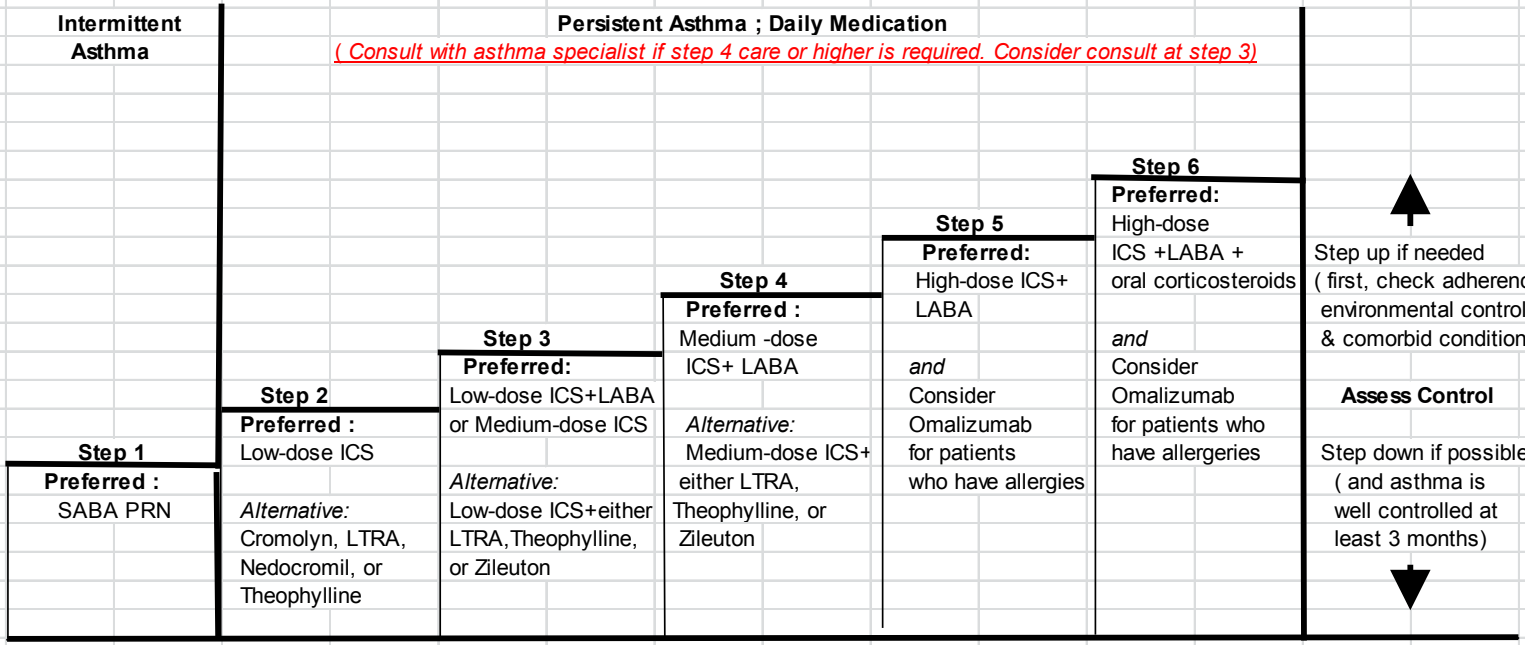
Component of Severity		Intermittent	PERSISTENT		
			Mild	Moderate	Severe
Impairment	Symptoms	≤ 2 days/week	≥ 2 days/week but not daily	Daily	Throughout day
	Nighttime awakenings	≤ 2x/month	3-4x/ month	≥ 1x/week but not nightly	Often 7x/week
Normal FEV_1/FVC:	Short-acting $beta_2$-agonist use for symptom control (not prevention of Exercise Induced Bronchospasm)	≤ 2 days/week	> 2 days/week but not daily, and not more than 1x on any day	Daily	Several times per day.
8-19 yr 85 %;					
20-39 yr 80 %;					
40-59 yr 75 %;					
60-80 yr 70 %;	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung Function	Norm. FEV_1 between exacerbations.			FEV_1 < 60% predicted
		FEV_1> 80% predicted	FEV_1≥ 80% predicted	FEV_1> 60% but<80% predicted	FEV_1/FVC reduced 5%
		FEV_1/FVC normal	FEV_1/FVC normal	FEV_1/FVC reduced 5%	
Risk	Exacerbations requiring oral systemic corticosteroids	0-1/year (see note)	≥ 2 in 1 year (see note)		
		Consider severity & interval since last exacerbation. Frequency & severity may fluctuate over time for patients in any severity category.			
		Relative annual risk of exacerbations may be related to FEV_1			
Recommended step for initial Rx. (see table 2)	Step 1	Step 2	Step 3 and consider short course of oral systemic corticosteroids	Step 4 or Step 5	
	in 2-6 weeks, evaluate level of asthma control that is achieved and adjust therapy accordingly				

Notes:

* Level of severity is determined by assessment of both impairment and risk. Assess impairment domain by patient's/ caregiver's recall of previous 2-4 weeks and spirometry. Assign severity to the most severe category in which any feature occurs.

* At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general ,more frequent and intense exacerbations (e.g.,requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity. For treatment purpose, patients who had ≥ 2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.

Table 2 **Stepwise Approach for Managing Asthma in ≥ 12 years of Age and Adults** Table 3-1 & 3-2



Each Step : Patient education, environmental control, and management of comorbidities.

Step 2-4 : Consider subcutaneous allergen immunotherapy for patients who have allergic asthma.

* SABA as needed for symptoms. Intensity of treatment depends on severity of symptoms: up to 3 treatments at 20-minute intervals as needed. Short course of oral syste,ic corticosteroids may be needed.

* Caution : Increasing use of SABA or use > 2 days a week for symptom relief (not prevention of Exercise Induced broncho-spasm) generally indicates inadequate control and the need to step up treatment.

* ICS, Inhaled Cortocisteroids; LTRA, Leukotriene Receptor Antagonist; SABA, Short-Acting Beta$_2$-Agonist; LABA, Long-Acting Beta$_2$-Agonist

Table 3-1 **LONG -Term Control Medications & QUICK-Relief Medications**

(For ≥ 12 years of Age & Adults)

Usual Doses for Quick -Relief Medictions

	Inhaled Short-Acting Beta$_2$-Agonists (SABA)	Dosage
M	Albuterol HFA MDI (90 mcg/puff; 200puffs/canister)	2 puffs every 4-6 hours, as needed for symptoms; 2 puffs 5 minutes before *exercise*
E	Albuterol Nebulizeer Solution	1.25- 5 mg in 3 cc of saline q 4-8 hours, as needed
D	Levalbuterol HFA (45 mcg/puff; 200 puffs/ canister)	2 puffs every 4-6 hours, as needed for symptoms; 2 puffs 5minutes before *exercise*
I		
C	Levalbuterol (R-albuterol) Nebulizer Solution	0.63-1.25 mg, q 8hours, as needed
A	**For Asthma Exacerbations**	
T	Albuterol MDI (90mcg/puff)	4-8 puffs every 20 minutes up to 4 hours, then every 1-4 hours as needed.
I	Albuterol Nebulizer solution	2.5-5 mg every 20 minutes for 3 doses, then 2.5-10 mg every 1-4 hours as needed, or 10-15 mg/hour continuously.
O		
N	**Anticholinergics**	
S	Ipratropium HFA MDI (17mcgpuffs,200 puffs/canister)	2-3 puffs every 6 hours
	Ipratropium HFA (Nebulizer soultion)	0.25 mg every 6 hours
	Ipratropium with albuterol MDI (18mcg/puff of Ipratropium bromide and 90mcg/puff of albuterol; 200puffs.canister)	2-3 puffs every 6 hours
	Ipratropium with albuterol (Nebulizer solution)	3 ml every 4-6 hours
	Systemic Corticosteroids	
	Methylprednisolone (2,4,6,8,16,32 mg tablets)	Short course "burst": 40-60 mg/day as single or 2 divided doses for 3-10 days
	Prednisolone (5mg tablets,5mg/5cc,15mg/5cc)	
	Prednisone (1,2.5,5,10,20,50mg tablets; 5mg/5cc,5mg/cc)	
	Repository Injection (Methylprednisolone acetate)	240mg IM once

Notes: HFA, hydrofluoroalkane; IM , intramuscular; MDI, metered-dose inhaler

Table 3-2 **Usual Doses for LONG-Term Control Medications**

	Inhaled Corticosteroids	Dosage
	Beclomethasone HFA (40 or 80mcg/puff)	80 mcg - > 480mcg
	Budesonide DPI (90,180, or 200mcg/inhalation)	180mcg- 1,200mcg
M	Flunisolide (250 mcg/puff)	500mcg- > 2,000mcg
	Flunisolide HFA (80mcg/puff)	320mcg- > 640mcg
E	Fluticasone HFA/MDI (44,110,or 220 mcg/puff)	88mcg-. 440mcg
	Fluticasone DPI (50,100, or 250 mcg/inhalation)	100mcg- >500mcg
D	Mometasone DPI (200mcg/inhalation)	200mcg-> 400mcg
	Triamcinolone acetonide (75 mcg/puff)	300mcg- >1,500 mcg
I		
	Oral Systemic Corticosteroids	
C		
	Methylprednisolone	7.5 -60 mg daily in a single dose in A.M. or
A	Prednisolone	qod as needed for control.
	Prednisone	
T		Short course "burst": to achieve control,
		40-60mg/day as single or two divided doses
I		for 3-10 days.
	Inhaled Long-Acting Beta$_2$-Agonists (LABAs)	
O		
	Salmeterol (DPI: 50 mcg/blister)	1 blister every 12 hours
N	Formoterol (DPI: 12 mcg/single-use capsule)	1 capsule every 12 hours.
S	**Combined Medication**	
	Fluticasone/ Salmeterol	1 inhalation bid, dose depends on level of
		severity or control
	Budesonide/Formoterol	2 puffs bid, dose depends on level of
		severity or control
	Cromolyn/Nedocromil	
	Cromolyn (MDI: 0.8 mg/puff)	2 puffs qid
	Nebulizer (20mg/ampule)	1 ampule qid
	Nedocromil (MDI: 1.75 mg/puff)	2 puffs qid
	Immunomodulators	
	Omalizumab (Anti IgE)	150-375 mg SC q 2-4 weeks, depending on
		body weight & pretreatment serum IgE level
	Leukotriene Modifiers (Leukotriene Receptor Antagonists)	
	Montelukast	10mg qhs
	Zafirlukast	40mg daily (20 mg tablets bid)
	Zileuton (5-Lipoxygenase Inhibitor)	2,400 mg daily
	Methylxantines	
	Theophylline (Liquid,sustained-release tablets, & capsules)	Starting dose 10mg/kg/day up to 300 mg
		maximum; usual maximu 800mg/day

Note: DPI, Dry Powder Inhaler; IgE, immunoglobulin E; MDI, meter-dose inhaler.
* Dosages are provided for those products that have been approved by the U.S. Food and Drug Administration or have sufficient clinical trial safety & efficacy data in the ≥12 years of age and adults to support their use.

Figure 1. **Diagnosis, Evaluation, and mangement of Adults-detainees with Asthma**

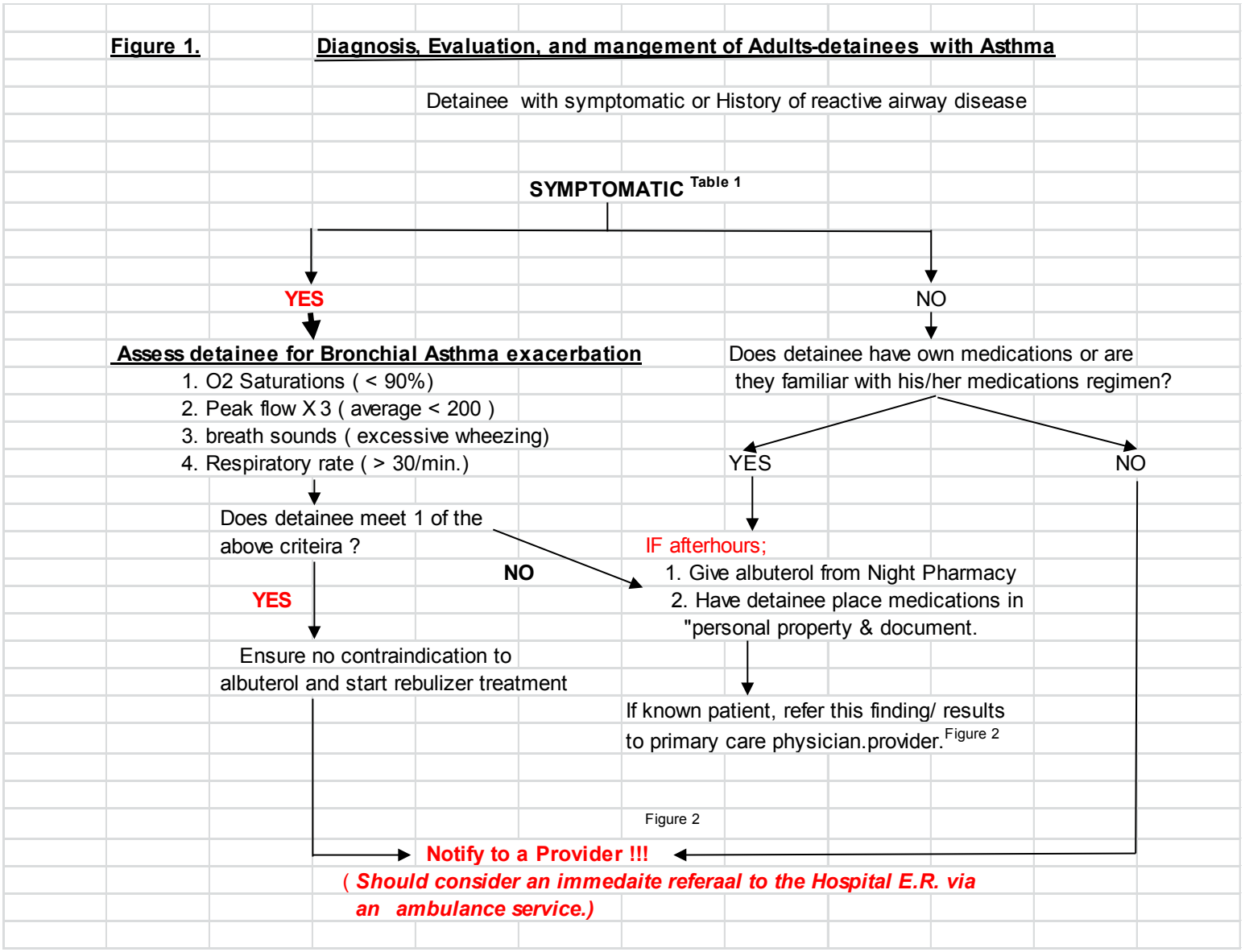
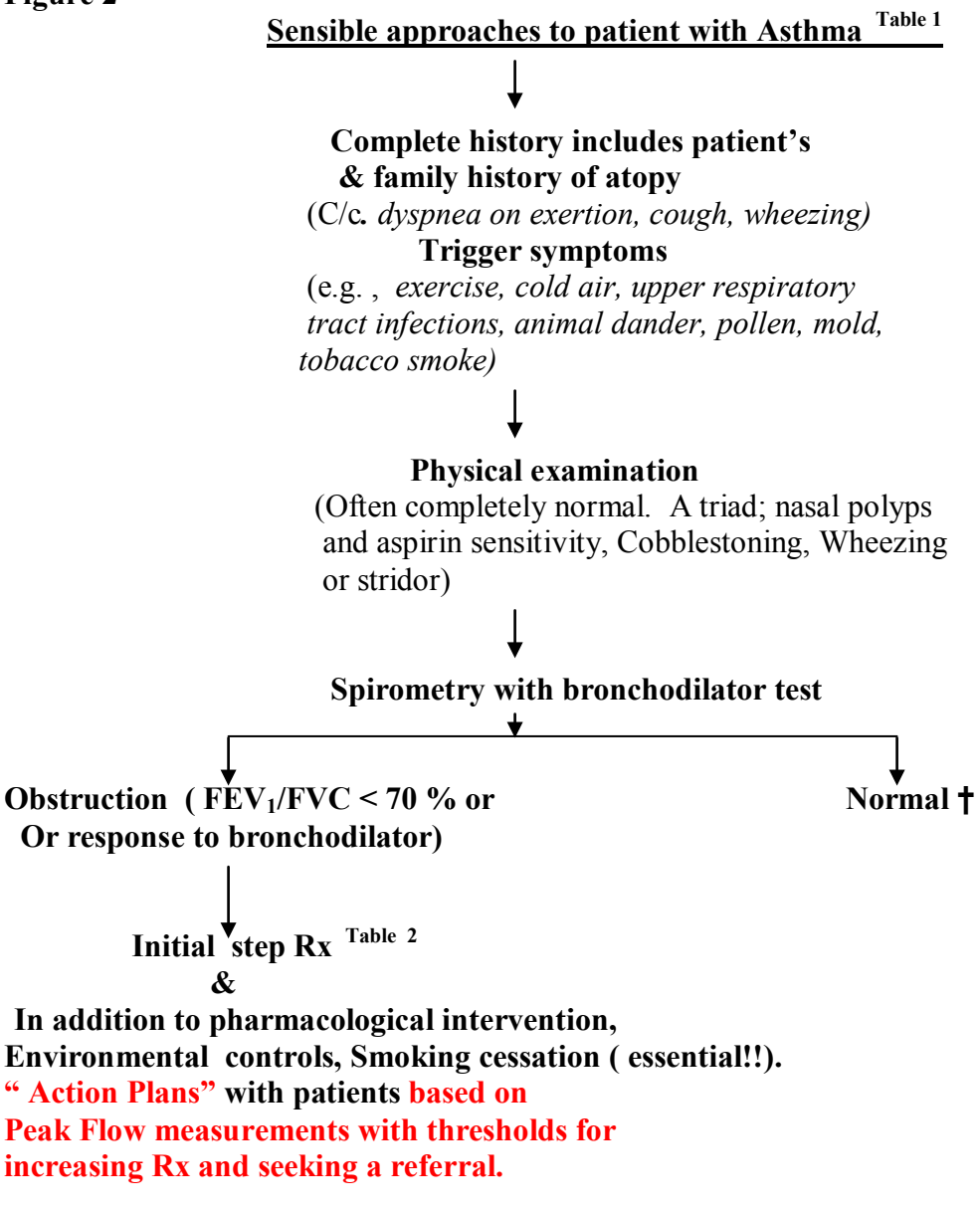


Figure 2



Note : † ; The American Thoracic Society criteria for " responsiveness " require an increase 200ml and 12 % in either FEV_1 or FVC. A key aspect of asthma is variability in airflow obstruction. Spirometry testing can often be effort dependent. After being instructed in appropriate technique, patients should obtain peak flows at different times of day, when asymptomatic and when dyspneic or wheezy. Variability in peak flows > 20 % is consistent with asthma. Although useful diagnostically, the peak flow meter is generally more useful as a way to monitor for control of established disease.

ICE Health Service Corps

Clinical Guidelines for the Treatment of Gender Dysphoria (formerly Gender Identity Disorder, GID)

Introduction

Gender, that is the essence of male and female, is not a clear cut distinction, but rather a spectrum on which an individual perceives themselves and is perceived by others. Transgender individuals identify with a gender which is different than their sex assignment at birth. This gender identity often manifests early in childhood but may emerge in adolescence or even adulthood. Transgender individuals may identify with the opposite sex (e.g. male to female or transwoman/girl, female to male or transman/boy) or somewhere along the gender spectrum identifying with characteristics of both genders (gender non-conforming).

Discordance between self-perception, perception of and treatment by others, and gender assignment at birth lead to conflict regarding gender identity, the most extreme of which is Gender Dysphoria (GD). Gender dysphoric individuals do not identify with their birth-assigned gender which in turn generates distress from internal discord as well as external (family and social) misunderstanding and rejection which may culminate in neglect and/or abuse.

Many patients with GD have a strong desire to modify their appearance to match the gender they identify with, and this may be achieved through hormonal supplementation as well as a vast array of surgical procedures. Both hormone treatment, as well as gender affirming (reassignment) surgery (most conservatively referring to genital reconstruction only), are covered as necessary medical treatment by major health plans as long as appropriate medical evaluation has occurred and been documented.

Basic Tenets of Managing Patients with Gender Dysphoria

1. Evaluation and treatment of detainees with GD should involve a multidisciplinary team including medical, mental health, pharmacy, nursing and administrative staff.
2. Treatment of GD is not cosmetic; denial of treatment may lead to worsening mental health and self-harm by distressed detainees.
3. Use of the pronoun corresponding to the desired gender should be utilized; slang terms ("tranny", "he-she", etc.) are derogatory and are not permissible.
4. Instituting treatment for ICE detainees with GD does **not** require previous hormone treatment. Newly diagnosed and/or previously untreated GD will be managed with the same liberality as newly diagnosed and/or previously untreated hypertension or diabetes – if treatment is clinically indicated, is desired by the patient and no medical/mental health contraindications exist, it will be initiated. Initiation of treatment does, however, require 1) evaluation by a mental health provider to officially establish the diagnosis of GD as well as evaluation for comorbid mental health illness and 2) counseling by a trained medical provider regarding the risks and benefits of treatment as well as reasonable expectations of hormone treatment. Gender affirming surgery will be considered, on a case-by-case basis, consistent with applicable medical standards.
5. Laboratory values are utilized to guide your treatment plan; corresponding physiologic

changes are slow and variable amongst individuals and "failure to see changes" should not prompt an increase in dosage without supportive laboratory data. In addition, laboratory monitoring, pertinent review of systems, extensive counseling and physical examinations are all necessary to optimize patient safety. See **Appendix A and B** for the current treatment protocols and **Appendix E and F** for the informed consent documents which will be utilized as a counseling tool as well as documentation of the patient's understanding of the risks and benefits of hormone treatment.

6. Screening for concomitant medical conditions
    - Mental Health (MH) conditions (mood disorders, anxiety disorders, PTSD etc.) are more common in transgender individuals than the general population. All transgender individuals will be referred to a MH professional for the initial evaluation of GD as well as other concomitant MH conditions; the care plan including frequency of MH appointments will follow as deemed clinically appropriate by the MH provider. In addition, the patient should be assessed for readiness to start/continue treatment: consolidation of gender identity (if time in custody allows), progress in stabilizing mental health, and is deemed likely to take hormone treatment responsibly.
    - Blood borne pathogens and sexually transmitted infections (STIs) – HIV, syphilis, hepatitis B and C, chlamydia and gonorrhea - are common infections among transgender patients and should be actively screened for at the initial provider evaluation. Failure to diagnose may lead to untoward clinical outcomes and/or spread of infection both within and outside of the correctional environment.
7. For additional staff training and resources, see Appendix B.

Special Issues for Transgender Individuals in Custody

1. *Housing determination*

    Segregation is not required nor encouraged unless the detainee self-identifies as feeling vulnerable or at risk of harm because of their gender identity. Such concerns will be addressed during custody processing and should also be queried at the time of intake, as well as during periodic medical and mental health evaluations. Automatic assignment to administrative segregation for simple disclosure of gender dysphoria without perceived risk of harm/vulnerability may lead to the well-recognized risk of prolonged isolation, including significant self-harm and suicide.

    In facilities which have adopted or implemented best practices found in the "ICE Detention Facility Contract Modification for Transgender Care," transgender detainees may initially be placed in administrative segregation for a maximum of 72 hours (not counting weekends and holidays) to allow for the Transgender Classification and Care Committee to convene and determine a detention plan which includes housing. Housing options include: 1) general population male or female, 2) special unit housing (e.g., Gay-Bisexual-Transgender (GBT) or transgender only), or
    3) in rare cases, administrative segregation.

    Housing of transgender detainees in facilities which have not adopted or implemented this contract's best practices will be left to the discretion of the medical and custody staff. Several factors should be considered including the degree of gender expression of the

detainee, comfort and safety of the detainee and the layout of individual units including privacy factors. Medical staff are encouraged to assist custody staff in establishing housing assignment.

2. *Gender Specific Undergarments*

   Undergarments which reflect the gender identity of the individual should be provided. Special needs forms should suffice as medical orders which custody staff shall honor.

3. *Additional support and resources*

   A correctional setting poses many challenges for a transgender person given the lack of privacy, targeted discrimination and abuse which may be amplified in close quarters and the risk of sexual assault. Resources are available to help these detainees share common experiences for support and encouragement. See **Appendix C**.

Continuity of Care Referrals

If a transgender detainee is released to the U.S., there are many regional centers of excellence as well as independent practitioners where the detainee may continue their care. See **Appendix D**. In the case of deportation, in country resources for transgender care may be limited and IHSC-directed referrals won't usually be possible. However, transgender detainees will be provided with two weeks of medication (in line with standard IHSC guidelines) to provide them with a chance to establish care once they have repatriated.

References

1. http://transhealth.ucsf.edu/trans?page=protocol-00-00
2. Tom Waddell Health Center. (2006, revised May 2013). *Protocols for Hormonal Reassignment of Gender*. Accessed online January 28, 2014 from: http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf
3. Hembree et al. Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2009; 94(9):3132-54
4. VA Pharmacy Benefits Management Services, Medical Advisory Panel and VISN Pharmacist Executives. Transgender Cross-Sex Hormone Therapy Use. February 2012
5. Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. Retrieved from http://www.apa.org/practice/guidelines/transgender.pdf

Disclaimer – Clinical guidelines have been established to provide medical providers at IHSC facilities with general information regarding the management of patients. Guidelines are not statements of policy. Medical providers should consider each case individually, in the context of good clinical judgment and within the provider's experience and comfort level. This guidance is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter.

Appendix A – Male to Female (MTF) Transgender Treatment Protocol

***Initiating MTF transgender treatment*:**

Visit 1 – assessment, referral to BH if not already done, order blood work (HIV serology, RPR, GC/chlamydia nucleic acid test, hepatitis B surface antigen, hepatitis C serology, testosterone, estradiol, lipids, cmp prolactin*), general counseling including completion of eCW informed consent document.

Visit 2 (1 week later)– if baseline lab work is normal and confirmed GD by BHP then start estradiol 2 mg / spironolactone 50 mg / aspirin 81 mg daily. Order bmp for the next visit.

Visit 3 (1 month later) – if bmp (potassium and creatinine) is normal, increase spironolactone to 100 mg daily. Order lab work (testosterone, estradiol, prolactin, cmp, lipids) for next visit.

Visit 4 (2 months later) – review lab work, PE assessment; if testosterone is not fully suppressed (<50) would increase spironolactone to 150 mg daily**; if estradiol is not at female pre-menopausal (100-200) level, increase estradiol by 2 mg daily.

Visit 5 (2-3 months later) and every 2-3 months thereafter for the first year until at goal; if 1 year of steady follow up, can reduce full blood work panel to every 6 months if hormone levels are at steady, physiologic level and no signs of end organ effects (LFTs, renal function, electrolytes).
If the patient is 60 yrs or older, please order a baseline bone mineral density scan. Perform age appropriate breast cancer screening if the patient has been on 10 years or more of hormone therapy (HT) (cumulatively).

***Continuing MTF transgender treatment*:**

Visit 1 – assessment, referral to BH if not already done, order blood work (HIV serology, RPR, GC/chlamydia nucleic acid test, hepatitis B surface antigen, hepatitis C serology, testosterone, estradiol, lipids, cmp, prolactin), general counseling including completion of eCW informed consent document.
Continue outpatient oral dose (maximum of estradiol 8 mg daily, maximum spironolactone 150 mg daily) add aspirin 81 mg daily (if not already receiving), add spironolactone if not yet receiving, start at 50 mg daily

Visit 2 (2 weeks later)– confirm GD diagnosis as per by BHP, review laboratories with patient. If was not previously on spironolactone, can increase from 50 mg to 100 mg daily if potassium and creatinine are normal. Otherwise, no need to modify treatment at this point assuming labs are within normal limits. Order lab work (testosterone, estradiol, prolactin, cmp, lipids) for next visit.

Visit 3 (2 months later) – review lab work, PE assessment; if testosterone is not fully suppressed

(<50) would increase spironolactone to 150 mg daily; if estradiol is not at female pre-menopausal (100-200) level, increase the estradiol by 2 mg daily. Order lab work (testosterone, estradiol, prolactin, cmp, lipids) for next visit.

Visit 4 (2-3 months later) and every 2-3 months thereafter for the first year following labs above and making adjustments based on estradiol and testosterone levels (assuming monitoring labs are normal); after 1 year of steady follow up, can reduce full blood work panel to every 6 months if hormone levels are physiologic and no signs of end organ effects (LFTs, renal function, electrolytes).
If the patient is 60 yrs or older, please order a baseline bone mineral density scan. Perform age appropriate breast cancer screening if the patient has been on 10 years or more of HT (cumulatively).

*Prolactin levels are often mildly elevated and this is normal; prolactin levels should ideally be obtained in the early AM and fasting. If levels are above 50, consider decreasing the estrogen supplementation to see if prolactin declines as well as inquire about the symptoms of prolactinoma which may include galactorrhea, headaches and diplopia. If the level does not decline or rises regardless of the medication adjustment OR review of systems is positive, consider an MRI of the sella (pituitary gland) to exclude a prolactinoma.

**spironolactone can be increased to 200 mg daily if indicated, but please split dose as 100 mg 2x/day

Estrogen conversion¥

Estradiol (P.O.) daily	Premarin (P.O.) daily
2 mg	1.8 mg
4 mg	2.7 mg
6 mg	3.75 mg
8 mg	5 mg

¥ Estimated values, please use serum estradiol to adjust accordingly

Appendix B – Female to Male (FTM) Transgender Treatment Protocol

***Initiating FTM transgender treatment*:**

Visit 1 – assessment, referral to MH if not already done, to confirm GD diagnosis and to assess for readiness to start treatment. Order blood work (HIV serology, RPR, GC/chlamydia nucleic acid test, hepatitis B surface antigen, hepatitis C serology, testosterone, estradiol, lipids, lfts, and cbc), general counseling including completion of eCW informed consent document.

Visit 2 (1 week later)– if baseline lab work and confirmed GD and demonstrates readiness to start treatment by BHP, then start testosterone cypionate 100 mg IM every 2 weeks. Order lfts, lipids, testosterone, estradiol, and cbc for 8-12 weeks after treatment has begun (to be timed 1 week after an injection; e.g., injections are day 1 and 15 of each month, the lab draw should fall on ~ day 7 or 21 of the calendar month). If a family history of osteoporosis exists or the patient is 60 yrs or older, please order a baseline bone mineral density scan.

Visit 3 (2-3 months later) – review labs, if estradiol is not suppressed and testosterone is not above 350 ng/dL, increase testosterone dose to 200 mg every 2 weeks. The serum testosterone level should not exceed 700 ng/dL.

Visit 4 etc. (2-3 months later) and every 2-3 months thereafter for the first year until at goal; if 1 year of steady follow up, can reduce full blood work panel to every 6 months if hormone levels are at steady, physiologic level and no signs of end organ effects (LFTs, renal function, electrolytes). Note, once uterine bleeding stops, estradiol levels are not necessary to obtain.

If the uterus has not been removed, pap smears should be conducted per usual preventive guidelines; likewise if mastectomy has not been performed, mammogram cancer screening is per usual guidelines.

***Continuing FTM transgender treatment*:**

Visit 1 – assessment, referral to BH if not already done to confirm GD diagnosis and to assess for readiness to continue treatment. Continue outpatient testosterone (maximum of testosterone cypionate 200 mg IM every 2 weeks), order blood work (HIV serology, RPR, GC/chlamydia nucleic acid test, hepatitis B surface antigen, hepatitis C serology, testosterone, estradiol, lipids, lfts and cbc), (to be timed 1 week after an injection; e.g. injections are day 1 and 15 of each month, the lab draw should fall on ~ day 7 or 21 of the calendar month). Provide general counseling including completion of eCW informed consent document.

Visit 2 (2 weeks later)– confirm GD diagnosis/readiness as per by BHP, review laboratories with patient. If testosterone is not above 350 ng/dL, increase testosterone dose to 200 mg every 2 weeks. The serum testosterone level should not exceed 700 ng/dL.

Visit 3 etc. (2-3 months later) and every 2-3 months for the first year until at goal; if 1 year of steady follow up, can reduce blood work to every 6 months if hormone levels are at steady,

physiologic level and no signs of end organ effects. Note, once uterine bleeding stops, estradiol levels are not necessary to obtain.

If the uterus has not been removed, pap smears should be conducted per usual preventive guidelines; likewise if mastectomy has not been performed, mammogram cancer screening is per usual guidelines.

Appendix C - Additional Provider and Patient Resources

1. Trans in Prison Journal, produced by the Gender Identity Center of Colorado; you can download a copy and give to your detainees; they can mail in the request form on the issue and they will receive the future publications gratis as long as they are in a correctional setting.
   https://www.gic-colorado.org/programs/trans-in-prison/

2. "Cruel and Unusual", documentary by Janet Baus and Dan Hunt, about transgender persons and the challenges they face in and out of the correctional
   System. ~ 1 hour long
   https://www.youtube.com/watch?v=5Yzy8oh5Fw0
   www.fandor.com/films/cruel_and_unusual

3. Resources on children diagnosed with GD, Most of our detainees will receive their hormone treatment during adolescence or adulthood but to benefit the most from this treatment, diagnosis of GD and treatment should occur during childhood.
   www.youtube.com/watch?v=YfqmEYC_rMI
   http://www.huffingtonpost.com/2014/05/30/whittington-family-ryland-___transgender-son_n_5414718.html

Appendix D – Transgender Care Regional Centers of Excellence for Continuity of Care or Referring Challenging Cases

AOR	Facility name	Phone number	Website
Washington DC	Transgender Health Empowerment	202-636-1646	http://theincdc.org/
Boston	Fenway Health	617-267-0900	http://www.fenwayhealth.org
New York	The Center Transgender Resources	212-620-7310	https://gaycenter.org/wellness/gender-identity http://transgendercny.org/
Newark	Callen Lorde	212-271-7200	http://callen-lorde.org/our-services/sexual-health-clinic/transgender-health-services/
	City of Newark Dept of Child and Family Well Being	973-733-7635	
Philadelphia	Mazzoni Center	215-563-0658	http://mazzonicenter.org/content/transgender-services
Buffalo	Endocrinology center of Western New York	716-887-4069	
Detroit	UMHS-CGCP	734-736-0465	http://www.med.umich.edu/transgender/index.htm
Chicago	Howard Brown Health Center	773-388-1600	www.howardbrown.org
Atlanta	In-town Primary Care	404-541-0944	http://www.intownprimarycare.com/glbt-health/transgender-health.html
Miami	Care Resource	305-576-1234	http://www.careresource.org/programs/transgender-services/
New Orleans	Louisiana Trans Advocates	337-580-4615	http://www.latransadvocates.org/resources.html

AOR	Facility name	Phone number	Website
Houston	Dr. Hammill Transgender Health Clinic	713-799-8994	http://drhammill.transhouston.com/
	Transgender Center	713-520-8586	http://www.transgenderctr.org/
San Antonio	SAGA	sagacal09@gmail.com	http://www.sagender.com/local-resources/
	Pride Center	210-370-7743	http://pridecentersa.org/resources/
Dallas	Transgender Health Clinic	214-528-2336	
	Resource Center of Dalllas	214-528-0144	http://www.rcdallas.org/family/transgender
El Paso	Trans Health Referral Line	915-532-7000	2301 N Oregon St, El Paso, TX 79902
Saint Paul	Transgender Health Services University of MN	612-625-1500	http://www.med.umn.edu/fm/phs/clinic/transgender.html
Denver	Gender Identity Center of Colorado	303-202-6466	http://www.gicofcolo.org
Salt Lake City	Susan Chasson	801-357-7930	
	D. S. Burton	385-282-2750	
	LeAnne Swenson	385-282-2000	
Phoenix	Prime Medical Clinic	602-840-3584	http://www.myprimeclinic.com/
Seattle	Gay City Health Project	206-323-5428	https://www.gaycity.org/resources/
San Francisco	The San Francisco Center	(415) 865-5555	http://www.sfcenter.org/

AOR	Facility name	Phone number	Website
San Francisco	UCSF Center of Excellence	415-597-8198	http://www.transhealth.ucsf.edu/
Los Angeles	Western Medical Center Anaheim	714-533-6220	
	UCLA LGBT Resource Center	310-206-3628	http://www.lgbt.ucla.edu
San Diego	The Center	619-692-2077	http://www.thecentersd.org
General Resources			http://www.transgenderlynnsplace.com/transgender-medical-resources.htm

Appendix E: Informed Consent Document for Hormone Therapy (male to female)

Estrogen/Antiandrogen Therapy Consent Form For Male to Female Transition

Informed Consent: Information about this form.

This form refers to the use of estrogen and antiandrogens by detainees who wish to become more feminized as part of a gender transitioning process.

Your agreement or disagreement of the various statements on this form indicate that the risks as well as the changes which may occur as a result of the use of estrogen and antiandrogens have been explained and that you understand them.

If you have any questions or concerns about this information, you are encouraged to take the time you need to ask for clarification, read, research, talk with staff and think about the potential effects of this treatment before signing.

IF YOU DO NOT UNDERSTAND THIS INFORMATION STOP AND ASK FOR CLARIFICATION

---

1. I understand that estrogen may cause or contribute to depression. If I have a history of depression I will discuss this with my provider to explore treatment/therapy options that are available to me.

AGREE DISAGREE

Some of these changes will be permanent including:

Breast development: Breast development may take years to reach full size.

There are natural variations in the size of breasts, and one person's breast development will not correlate with that of another person's.

If estrogen therapy is discontinued, there may be some breast shrinkage, but breast development will not completely disappear.

Brain structures are affected by testosterone and estrogen.

The long term effects of changing the levels of ones hormones through the use of estrogen therapy and testosterone suppressants have not been scientifically studied & are impossible to predict.

These effects may be beneficial, damaging, or both. Changes in fertility and sperm production (see information below in # 5).

These additional changes will not be permanent if I stop taking estrogen:

Decreased acne

Male pattern balding stops or slows (no hair loss will be reversed once it occurs)

Skin may become softer

Facial and body hair growth may decrease (not stop) in thickness or quantity to a greater or lesser extent.

Redistribution of body fat to a more female pattern (i.e., abdominal fat may decrease while fat on the buttocks and thighs may increase)

AGREE DISAGREE

2. I understand the effects of estrogen will not protect me from sexually transmitted diseases or HIV and that condoms or barrier methods should be used.

AGREE DISAGREE

3. Due to breast development with estrogen therapy, I understand that I will need to do monthly breast self-examinations, have an annual medical exam, and, once I am 40 or older, I will need to have an annual mammogram.

AGREE DISAGREE

4. I understand that estrogen therapy will decrease hormones that support the size and function of my testicles, which may then effect overall sexual functioning and fertility.

The changes that may occur include:

a. Up to 40% shrinkage in size of the testicles.

b. Decrease in testosterone production from the testicles

c. The amount and quality of erections and ejaculation may decrease or stop entirely.

d. Sperm will still be present in the testicles, but may stop maturing which may cause infertility.

e. If estrogen therapy is stopped, the ability to make sperm healthy, mature sperm may or may not ever come back.

f. Erections may no longer be firm enough for penetrative intercourse.

g. There may be a decrease or loss of morning and spontaneous erections. Sex drive or libido may decrease.

AGREE DISAGREE

5. I understand that taking estrogen can significantly increase the risk of blood clots (thrombosis)

This risk of blood clots can result in:

a. death

b. deep vein thrombosis (clots in large veins)

c. chronic leg vein problems

d. pulmonary embolism (blood clot in the lung, which can cause permanent lung damage or death)

e. cerebral vascular accident (stroke) which may result in permanent brain damage, blindness, paralysis, difficulty talking or death.

AGREE DISAGREE

6. I understand that the risk of blood clots, heart attack, and stroke on estrogen therapy is increased further if I smoke tobacco, especially if I am over the age of 35.

AGREE DISAGREE

7. I understand that estrogen can cause increased blood pressure. If I have existing high blood pressure it may not be controlled on my current regimen of medication and/or diet and exercise.

AGREE DISAGREE

7a. I understand that I may be able to take estrogen safely with close medical monitoring.

AGREE DISAGREE

8. I understand that estrogen use may lead to liver inflammation or liver disease. I agree that while I am on estrogen therapy I will be monitored for liver problems before and periodically during therapy.

AGREE DISAGREE

8a. I understand that there is a slight risk of long-term estrogen use causing liver cancer.

AGREE DISAGREE

9. I understand that estrogen may increase migraine headaches and that this may be a reason for me to choose to stop taking estrogen or may be a reason for estrogen to be discontinued by my provider.

AGREE DISAGREE

9a. I also understand there is a very small risk of developing a tumor at the base of the brain (pituitary gland), but that my blood tests will be monitored regularly to detect this problem early.

AGREE DISAGREE

9b. If I develop new headaches, double vision and/or breast milk production, I should inform my health care provider immediately.

AGREE DISAGREE

10. I understand that estrogen may cause nausea and vomiting, similar to morning sickness in a pregnant woman. If I experience nausea and vomiting that are severe and/or prolonged.

AGREE DISAGREE

11. I understand that the most dangerous side effects from estrogen therapy occur in connection with smoking cigarettes, being overweight, being over 40 years old & having a history of blood clots, high blood pressure, or prior estrogen dependent cancer.

AGREE DISAGREE

12. I understand that estrogen therapy may be discontinued or adjusted at any time if concerns or complications arise which are threatening to my continued physical and/or psychological well-being.

AGREE DISAGREE

13. I understand that estrogen may cause changes in my cholesterol. My HDL (good cholesterol) may go up and my LDL (bad cholesterol) may go down.

AGREE DISAGREE

14. I understand that estrogen may prevent prostate problems. I have been informed that there is a slight chance that taking estrogen will cause overgrowth of the prostrate.

AGREE DISAGREE

14a. Prostate cancer screening is recommended for people 50 years of age and older as well as in younger people if otherwise medically indicated.

AGREE DISAGREE

15. I understand that antiandrogen side effects include dehydration, high potassium levels, breast enlargement, low blood pressure and kidney problems. My labs and blood pressure will be routinely monitored to detect changes.

AGREE DISAGREE

16. I understand that everyone's bodies will respond differently to estrogen and that there is no way to predict what will be my response to hormones.

AGREE DISAGREE

16a. I understand that the correct dosage for me may not be the same as for another person. I understand I must follow my prescribed regimen of estrogen treatment to continue to receive hormone therapy at this clinic.

AGREE DISAGREE

17. I agree to take estrogen and all other transition related medications as prescribed and to inform my provider of any problems or dissatisfactions I may have with my treatment.

AGREE DISAGREE

18. I will have a complete physical examination annually and lab tests periodically as required to make sure I am not having an adverse reaction to hormone treatment and to continue good health care.

AGREE DISAGREE

19. I understand that there are medical conditions that could make taking estrogen either dangerous or physically damaging.

AGREE DISAGREE

19a. I agree that if my provider suspects I may have any condition that could be dangerous to me, I will be evaluated for it before the decision to start or continue my hormones is made.

AGREE DISAGREE

19b. I understand that if I do not agree to be evaluated, my prescription for estrogen may be cancelled or refused.

AGREE DISAGREE

20. I understand that I can choose to stop taking estrogen at any time. I also understand that my provider can discontinue treatment for clinical reasons.

AGREE DISAGREE

20a. I agree to follow a prescribed reduction plan if either of these situations occurs to reduce negative and potentially harmful side effects that may occur if I suddenly stop my hormone therapy.

AGREE DISAGREE

CONSENT:

Having considered all of the above counseling I would like to:

Begin Estrogen / Antiandrogen Therapy Defer Estrogen / Antiandrogen Therapy at this time

Patient Signature:

Patient Printed Name:

Date:

Provider Information:

Provider Signature:

Provider Printed Name:

Date:

Appendix F: Informed Consent Document for Hormone Therapy (female to male)

Androgen Therapy Consent Form

For Female to Male Transition

Informed Consent: Information about this form.

This form refers to the use of androgens by detainees who wish to become more masculinized as part of a gender transitioning process.

Your agreement or disagreement of the various statements on this form indicate that the risks as well as the changes which may occur as a result of the use of androgens have been explained and that you understand them.

If you have any questions or concerns about this information, you are encouraged to take the time you need to ask for clarification, read, research, talk with staff and think about the potential effects of this treatment before signing.

IF YOU DO NOT UNDERSTAND THIS INFORMATION STOP AND ASK FOR CLARIFICATION

1. Some changes will be permanent including:
   - Brain structures are affected by testosterone and estrogen
     - The long term effects of changing the levels of one's hormones through the use of androgen therapy have not been scientifically studied and are impossible to predict
     - These effects may be beneficial, damaging, or both
   - Deepening of the voice, which occurs after 6 to 10 weeks of androgen administration, is irreversible
   - Breast changes similar to menopausal women including loss of firmness, changed shape, smaller size, etc.
     - There are natural variations in the size and changes of breasts, and one person's breast changes will not correlate with that of another person's

   These additional changes will not be permanent if I stop taking androgen:
   - Development of sexual hair which follows the pattern of boys in puberty
     - First upper lip, then chin, then cheeks
     - The predicted pattern and degree of this hair growth can be predicted by the pattern and degree in male members of the same family.
     - Hair loss, "male pattern baldness" occurrence can also be predicted from the degree and pattern of male members of the same family
   - Menses (monthly period) will usually stop within a few months of treatment; however, sometimes bleeding may continue
   - Increase in lean body mass (average of 4kg (~9 pounds)) and an even greater increase in body weight
   - Reduction of subcutaneous fat overall but focally increased abdominal fat
   - Occurrence of acne (occurs in ~40% of patients)
   - Clitoral enlargement will occur, but the degree varies from patient to patient
   - Increased libido in most patients
   - Polycystic-like changes in ovaries

2. I understand the effects of androgen will not protect me from sexually transmitted diseases or HIV and that condoms or barrier methods should be used.
3. I understand that I will need to continue to do monthly breast self-examinations, have an annual medical exam, and, once I am 40 and older, I will need to have an annual mammogram
4. I understand that androgen therapy will decrease hormones that support the functioning of my reproductive organs which may then effect overall sexual functioning and fertility.
5. I understand that androgen use may lead to major adverse cardiovascular events. I agree that I will be monitored for cardiovascular risk factors and cardiovascular events before and periodically during therapy. These adverse events include:
   a. death
   b. myocardial infarction (heart attack)
   c. cerebral vascular accident (stroke) which may result in permanent brain damage, blindness, paralysis, difficulty talking or death
6. I understand that the most dangerous side effects from androgen therapy occur in patients with a history of cardiovascular events or cardiovascular risk factors including high blood pressure, tobacco use, elevated blood glucose (including diabetes), physical inactivity, unhealthy diet, elevated cholesterol, being over 55 years old and overweight/obesity.

6a. I understand that androgen therapy may be discontinued or adjusted at any time if concerns or complications arise which are threatening to my current physical and/or psychological wellbeing.

7. I understand that androgen therapy can cause increased blood pressure. If I have existing high blood pressure and it is controlled with medication and/or diet and exercise:
   7a. I understand that I may be able to take androgen safely with close medical monitoring
8. I understand that androgen therapy may cause changes in my cholesterol. I agree that while I am on androgen therapy I will be monitored for changes in my cholesterol
9. I understand that androgen therapy use may lead to liver inflammation or liver disease. I agree that while I am on androgen therapy I will be monitored for liver problems before and periodically during therapy.
10. I understand that there is a risk of androgen therapy causing an abnormal increase in circulating red blood cells and an increased number of red blood cells may be a reason to stop therapy.
11. I understand that there is a slight risk of long-term androgen causing breast cancer.
12. I understand that there is a slight risk of androgen causing ovarian cancer.
13. I understand that everyone's bodies will respond differently to androgen therapy and that there is no way to predict what will be my response to hormones.
    13a. I understand that the correct dosage for me may not be the same as for another person. I understand I must follow my prescribed regimen of androgen treatment to continue o receive hormone therapy at this clinic.
14. I agree to take androgen therapy and all other transition related medications as prescribed and to inform my provider of any problems or dissatisfaction I may have with my treatment.
15. I will have a complete physical examination annually and lab tests periodically as required to make sure I am not having an adverse reaction to hormone treatment and to continue good health care.
16. I understand that there are medical conditions that could make taking androgen either dangerous or physically damaging.
    16a I agree that if my provider suspects I may have any condition that could be dangerous to me, I will be evaluated for it before the decision to start or continue my hormones is made.
    16b I understand that if I do not agree to be evaluated, my prescription for androgen may be cancelled or refused.
17. I understand that I can choose to stop taking androgen at any time. I also understand that my provider can discontinue treatment for clinical reasons.
    17a. I agree to follow a prescribed reduction plan if either of these situations occurs to reduce negative and potentially harmful side effects that may occur if I suddenly stop my hormone therapy

CONSENT:

Having considered all of the above counseling I would like to:

○ Begin Androgen Therapy ○ Defer Androgen Therapy at this time

Patient Signature:

Patient Printed Name:

Date:

Provider Information:

Provider Signature:

Provider Printed Name:

Date:

Treatment of ICE Detainees with Chronic Hepatitis C

Given the transitional nature of ICE detention, medical care is provided to ICE detainees taking into consideration: the potential risks/harms of initiating treatment when the period of detention is uncertain, the benefits to the detainee, and whether treatment is considered necessary to prevent immediate harm to a detainee.

Prior to initiation of treatment for hepatitis C detainees must undergo specialty testing and specialty consultation; furthermore, and in some cases a liver biopsy may be required to stage the disease. Medical therapies for hepatitis C may be complex, have significant side effects, require specific monitoring, have little benefit to the detainee if interrupted and have logistics and/or cost considerations. Once released from ICE custody, former detainees are responsible for their health care needs. Initiating such treatment and then releasing the detainee in the US or deporting the individual prior to completion of such therapy is unlikely to result in sustained virologic response (treatment success) and can impact the detainee adversely (e.g., if drug resistance develops). Therefore, if a treatment course cannot be completed in its entirety, there may be little benefit to initiate such therapies.

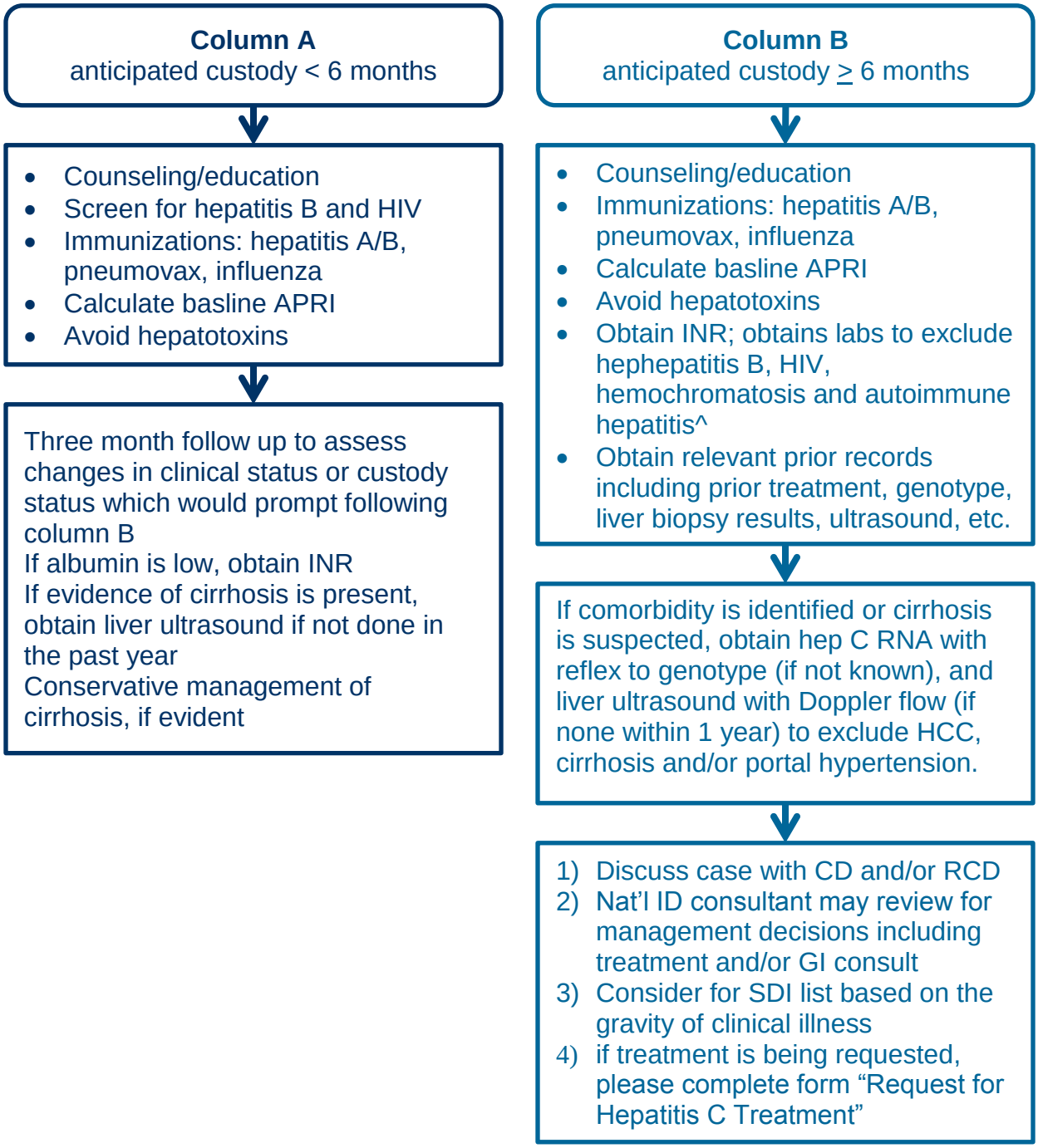
Medical providers need to consider the impact to the patient when determining whether a given therapy should be pursued. Providers need to weigh the significance of other co-morbid conditions, degree of fibrosis or evidence of cirrhosis, medication interactions, detainee mental health, and treatment compliance, including cessation of known risk behavior (i.e. intravenous drug use) when considering whether hepatitis C treatment may be appropriate or not.

While hepatitis C can cause significant health complications, it is a chronic infection and not life threatening in the near future for most affected individuals. Delaying treatment will generally have little effect on the patient. Most individuals diagnosed with hepatitis C have had the infection for extended periods of time and are not at risk of immediate decompensation. Over decades, hepatitis C can cause progressive liver damage that may lead to cirrhosis and other complications such as hepatocellular carcinoma (HCC) so consideration for treatment should be made for those with anticipated longer custody stays where disease is more advanced.

In the case of definitive treatment of hepatitis C infection, IHSC generally follows care prioritization as advocated by the Federal Bureau of Prisons which is based on guidance from the American Association for the Study of Liver Diseases and the Infectious Disease Society of America (www.hcvguidelines.org). Prioritization groups include advanced liver fibrosis/cirrhosis, liver transplant recipients, HIV co- infection, comorbid medical conditions associated with hepatitis C (e.g., cryoglobulinemia, lymphoma), and continuity of care for newly detained ICE detainees who enter custody on a hepatitis C treatment regimen. IHSC does offer general education and counseling, and if indicated, immunization for hepatitis A and B, pneumococcus and seasonal influenza, as well as screening for cirrhosis and associated complications (such as HCC). If detainees remain in ICE custody for extended periods, hepatitis C treatment will be considered and clinical factors will be identified that would support treatment safely and to completion.

The following algorithm should guide providers in determining what interventions should

be considered for detainees with laboratory confirmed hepatitis C:



^see following page for suggested screening diagnostics

Additional useful information:

APRI calculator: https://www.hepatitisc.uw.edu/page/clinical-calculators/apri

Signs/symptoms of cirrhosis:

- albumin <3.4
- INR greater than the upper limit of normal of platelets less than the lower limit of normal of elevated bilirubin
- history of GI variceal bleed, ascites, or hepatic encephalopathy
- taking medication to treat manifestations of cirrhosis (e.g., lactulose or rifaximin for hepatic encephalopathy; nadalol or propranolol for portal hypertension; spironolactone for ascites)
- evidence of hepatic encephalopathy (day/night reversal, asterixis/"flap", slowed mentation)

Suggested laboratory tests for autoimmune hepatitis: ANA screen; if positive anti-smooth muscle antibodies, anti-LMK1, anti-LC1, quantitative immunoglobulins

Suggested laboratory tests for hemochromatosis: iron studies (transferrin saturation), ferritin

Patient information for counseling: https://www.cdc.gov/hepatitis/hcv/patienteduhcv.htm#cdc

Common drugs to use with caution in patients with chronic liver disease: acetaminophen (max 2 grams/day), NSAIDs, aminoglycosides (risk of hepato-renal syndrome), ACE inhibitors, furosemide, drugs with a narrow therapeutic index*.

Narrow therapeutic index drugs*

Carbamazepine	Phenytoin	Cyclosporine
Procainamide	Digoxin	Tacrolimus
Ethosuximide	Theophylline	Levothyroxine
Warfarin	lithium	

Adapted from: North Carolina Pharmacy Practice Act. Article 4A. 90-85.28(b1).

Disclaimer –Clinical guidelines have been established to provide medical providers at IHSC facilities with general information regarding the management of patients. Guidelines are not statements of policy. Medical providers should consider each case individually, in the context of good clinical judgment and within the provider's experience and comfort level. This guidance is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter.

IMMIGRATION AND CUSTOMS ENFORCEMENT
ICE HEALTH SERVICE CORPS

REQUEST FOR HEPATITIS C TREATMENT

Alien Number A	Date of Birth	Country of Origin
Alien's first name		Last name
Location		Provider

Date of Request	Date entered custody	Anticipated length of stay:

Proposed hepatitis C treatment regimen (medications, doses, and duration of treatment):
1.
2.
3.
4.

Continuation of Treatment ☐ Yes, Treatment initiation date: ☐ No	Mark if applicable ☐ HIV positive ☐ Liver transplant recipient ☐ Cryoglobulinemia ☐ Chronic hepatitis B ☐ Autoimmune hepatitis ☐ Hemochromatosis ☐ Unstable medical condition ☐ Unstable mental health condition
Date of Hepatitis C Diagnosis	
Any instance of non-compliance or refusal of treatment while detained? ☐ Yes ☐ No Any history of substance use and/or diversion while detained? ☐ Yes ☐ No	

REQUIRED DIAGNOSTICS

Hep C genotype	Hep C Viral Load	Date

Results of last liver ultrasound or other imaging	Platelet count: Date: INR: Date: Albumin: Date: AST: Date: Total bilirubin: Date:
Hepatitis C Related complications: 1. 2. 3. 4. 5.	AST to Platelet Ration Index (APRI): http://www.hepatitisc.uw.edu/page/clinical-calculators/apri Child-Turcotte-Pugh Classification for Cirrhosis score: http://www.hepatitisc.uw.edu/page/clinical-calculators/ctp

Date: Result:
Date: Result:
Date: Result:
Date: Result:

IMMIGRATION AND CUSTOMS ENFORCEMENT
ICE HEALTH SERVICE CORPS
REQUEST FOR HEPATITIS C TREATMENT

Not required for hepatitis C treatment consideration, but if these results are available please include:

Date/results of liver biopsy (attach pathology report): Date/results of last Fibrosure (attach lab result):

A GI consultation is not recommended prior to submission of this request. If one has been obtained either during this custody stay or prior, please attach a copy of the consultant's report. Please also include endoscopy report(s), if performed.

Hepatitis C Treatment Request Board Review

Date of review:
Review Board Decision:

☐ Detainee meets criteria for treatment priority level 1 or 2. Treatment request approved.
☐ Detainee does not meet criteria for treatment priority level 1 or 2. Treatment request not approved.
☐ Additional information is needed. Treatment request not approved.

Priority level 1-3 criteria listed on following page. Recommendations:

Name/signature:

Hepatitis C Treatment Prioritization

Priority Level 1 – Highest Priority for Treatment*

- **Continuity of care for those already started on treatment**
- **Cirrhosis:** *Cases of decompensated cirrhosis with a CTP score of 7 to 9 should receive the highest priority for treatment.*
- Liver transplant candidates or recipients
- **Hepatocellular carcinoma (HCC)**
- **Comorbid medical conditions associated with HCV, including:** cryoglobulinemia with renal disease or vasculitis, certain types of lymphomas or hematologic malignancies
- Immunosuppressant medication for a comorbid medical condition
- APRI score ≥ 2
- Porphyria cutanea tarda

Priority Level 2 – Intermediate Priority for Treatment*

- Advanced fibrosis on liver biopsy (e.g., Metavir Stage 3 bridging fibrosis)
- HIV coinfection
- Comorbid liver diseases (e.g., HBV coinfection, autoimmune hepatitis, hemochromatosis, steatohepatitis, etc.)
- Chronic kidney disease (GFR ≤mL/min per 1.73 m^2)
- Diabetes mellitus

Priority Level 3 – Low Priority for Treatment*

- All others not meeting priority levels 1-2

Exceptions to the above criteria for Priority Levels 1–3 will be made on an individual basis and will be determined primarily by a compelling or urgent need for treatment, such as evidence for rapid progression of fibrosis, or deteriorating health status from other comorbidities.

Other Criteria for Treatment

In addition to meeting the above criteria for Priority Levels 1–2, detainees being considered for treatment of HCV infection should:

- Have no contraindications to, or significant drug interactions with, any component of the treatment regimen.
- Not be pregnant, especially for any regimen that would require ribavirin or interferon.
- Have sufficient time remaining in custody to complete a course of treatment.
- Have a life expectancy > 18 months.
- Demonstrates willingness and an ability to adhere to the treatment regimen and to abstain from high-risk activities while detained.

Prioritization for treatment based on the Federal Bureau of Prisons Clinical Practice Guideline for the Evaluation and Treatment of Hepatitis C, May 2017.

HYPERTENSION

Updated: 25 MAY 2017
Guideline Committee: CHANG PARK, MD – IHSC Cardiologist; CAPT PHILIP FARABAUGH, MD – Associate Medical Director Field; DAREN R. MEALER, MD – WRCD
POC: DAREN R. MEALER, MD

Accepted Guidelines and Evidenced Based Source for Recommendations

1. 2014 Evidence-Based Guideline for the Management of High blood Pressure In Adults: Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)
2. An effective approach to high blood pressure control: a science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. *Hypertension.* 2013 (Go AS, Bauman M, Coleman King SM, Fonarow GC, Lawrence W, Williams KA, Sanchez E.)

Background

Hypertension is a common disease world-wide and is a risk factor leading to myocardial infarction, stroke, renal and microvascular damage. In combination with other risk factors such as diabetes and hyperlipidemia, the risk of these complications can dramatically increase. The goal of the IHSC has been to develop a hypertension management guideline that could be used with ease by its medical providers to treat hypertension in the detained setting. The 2 references above were adopted in 2017 as the most current evidence based guidelines for the management of patients with high blood pressure. This guideline provides a summary to these referenced documents which can be reviewed in their entirety in the hypertension Share point folder.

Recommendations for Practice

Blood Pressure Goal. As a bottom line summary of JNC 8, goal blood pressure for treated hypertensive adults should be <140/90 for most and <150/90 for those over 60 years. JNC 8 does not define hypertension, however the definition provided by JNC 8 is the average of two or more blood pressure readings completed at two or more office visits with a reading of >140/90, and prehypertension defined as 120-139/80-89.

Choice of Medication. Antihypertensive medication listings, including recommendations for combination therapies, are listed in the algorithms below. (See chart below for more information.) First line antihypertensive therapies include thiazide diuretics, CCB, ACEI or ARB. This is stronger evidence for CCB in black patients. An ACEI or ARB should be considered first line in adults with CKD. Maximize and add a second drug if treatment goals are not reached within a month of therapy initiation. The complete guideline provides recommended initial doses of medications and an algorithm for treatment. Other recommendations for specific medications in management of hypertension come from the American Heart Association / American College of Cardiology:

- Coronary artery disease/Post MI: BB, ACEI
- Systolic heart failure: ACEI or ARB, BB, ALDO ANTAG, thiazide
- Diastolic heart failure: ACEI or ARB, BB, thiazide
- Diabetes: ACEI or ARB, thiazide, BB, CCB
- Kidney disease: ACEI or ARB
- Stroke or TIA: thiazide, ACEI

Of special note is that there is good evidence for the use of chlorthalidone as the thiazide choice, which is endorse by our IHSC cardiology consultant and other IHSC providers.

Additionally, low-dose aspirin should be considered for adults age 50-59 with a >=10% 10-year cardiovascular risk who are not at risk for bleeding and have a minimum 10 year life expectancy per USPSTF https://www.uspreventiveservicestaskforce.org/ . A statin should be considered based on lipid screening. Lipid management is discussed in a separate guideline.

Counsel on Lifestyle Changes. JNC 8 endorses recommendations from the American Heart Association / American College of Cardiology whom propose specific lifestyle modifications shown to reduce cardiovascular risk in patients with hypertension. Specific lifestyle measures and corresponding systolic BP reductions include DASH diet (8-14mm Hg), weight reduction to normal BMI of 18.5 – 24.9 Kg/m^2 (5-20mm Hg), reduction of sodium intake to at least < 2,400 mm Na / day but preferably <1000 (2-8mm Hg), regular aerobic activity at least 30 minutes a day most days of the week (4-9mm Hg), and limitation in alcohol consumption of 2 drinks for men and 1 for women or less (2-4mm Hg). In the IHSC custody specific environment, the following are recommended as applicable:

- Screen for smoking and discuss discontinuation. IHSC instructions require screening in all adults.
- Discuss diet for health. A special needs diet may be prescribed if necessary.
- Weight reduction
- Exercise

Examination. A personal and family history as well as a sensible review of systems including cardiorespiratory systems should be completed. A full cardiorespiratory examination should be completed as well as examination for end organ to include funduscopic examination.

Work Up. There are often questions regarding the work up of newly diagnosed hypertensive patients, and those existing hypertensive patients new to a provider or service. The US Preventative Services Task force does recommend certain testing. Level A and B recommendations include a test for diabetes and cholesterol. In regard to further labs or studies, based on expert opinion JNC 7 mentions 12 lead EKG, urinalysis and other laboratory work be considered. Choice or need for labs are dependent upon patient presentation and are at the discretion of the provider. Adequate history and examination should guide any need for studies.

- 12 lead EKG (Consider in cases of cardiac symptoms, abnormal cardiac exam, certain forms of drug use)
- Blood glucose level or hemoglobin a1c (Should be checked initially per USPSTF guidelines)
- Fasting cholesterol panel
- Glomerular filtration rate
- Hematocrit
- Serum calcium and potassium
- Urinalysis, notably for measure of urine protein. Urine microalbumin can be considered. (Monitor renal function)

Other diagnostics can be considered based on presentation of the patient and might include cardiac stress testing (cases of angina symptoms), ophthalmology (when retinopathy suspect), catecholamines, Thyroid function testing, and urine drug screen.

Follow Up. Bottom line, follow up should be every 2-4 weeks in those being treated until blood pressure is controlled and then follow up at least every 90 days (per IHSC protocol). If blood pressure is especially high (>180/110) or patient has cardiorespiratory, neurologic, or other symptoms to suggest end organ damage consider immediate physician consultation and / or ED referral. Otherwise follow up with patient after BP medication adjustments within a week.

Treatment Algorithm. While JNC 8 proposes a treatment algorithm, it does not clearly recommend patient follow up intervals. For this reason, the AHA/ACC/CDC collaborative algorithm listed here as the **AHA.Controlling Hypertension in Adults algorithm is recommended for clinical use by IHSC medical providers. This is also included in the hypertension Sharepoint folder.**

Special populations. For the pediatric population, child blood pressure tables from the National Heart Lung and Blood Institute are considered the reference for normal blood pressure levels in children and can be found in the hypertension Sharepoint folder. For pregnant patients with blood pressure above or approaching >=140/90, providers are referred to the American College of Obstetrics and Gynecology (ACOG). Special note should be taken not to prescribe ACE inhibitors to pregnant patients due to the potential for teratogenic effects. Further, realizing that not all providers have the practice experience or privileges required to see the pediatric or gravid population, any provider inexperienced with these populations whom encounters a blood pressure outside of the accepted parameters should refer the patient immediately to an appropriate provider whom can manage.

Resistant Hypertension. Resistant hypertension is defined by the American Heart Association as blood pressure that remains above goal despite optimum use of 3 medications from 3 different classes. When blood pressure is resistant to control, secondary causes of elevated blood pressure should be considered and consultation with the IHSC cardiologist or other specialist should be considered. Some potential reasons that patient blood pressure may remain uncontrolled are due to the following:

1. Inadequate patient compliance.
2. Volume expansion: (a). caused by excessive sodium intake (b). Caused by non-diuretic antihypertensive agent (c). Caused by renal damage.
3. Excessive weight gain.
4. Inadequate dose of antihypertensive drugs.
5. Drug antagonism.
6. Cold remedies.
7. Sympathomimetics.
8. Oral contraceptives (estrogen)
9. Adrenal steroids.
10. Secondary Forms of Hypertension: e.g., renal artery disease, Coarctation of aorta, Obstructive uropathy, sleep apnea, Thyroid/parathyroid disease.

Urgent Hypertension and Hypertensive Emergency. Urgent hypertension is blood pressure in the severe range (systolic >=180 and/or diastolic >=110) which is relatively asymptomatic with no evidence of end organ damage. The following means of assessing end organ damage are recommended:

1. Symptoms and history – Moderate to severe headache, acute visual disturbance, chest pain, nausea / vomiting, focal neurologic symptoms, dyspnea, recent head trauma, recent use of drugs such as drugs of abuse which can create a hyperadrenergic state.
2. Ophthalmologic examination – cotton-wool spots, papilledema, flame hemorrhages
3. EKG
4. CXR
5. Urinalysis

Other tests which would be available in the emergency department setting might include serum electrolytes, cardiac enzymes, urine drug screen, and head CT or MRI. To treat urgent hypertension, blood pressure should be lowered sometimes over several hours but more often over several days. Clonidine, captopril, hydralazine or labetolol can be used to bring blood pressure down over hours, however there is a strong risk for adverse events as autoregulatory measures of the body are immediately impaired which risks adequate tissue perfusion leading to strokes, myocardial infarct, or acute renal damage. Therefore this rapid approach to lowering blood pressure should be done only with consultation by an experienced provider and only used when imminent risk from hypertension is determined such as in patients with aneurysms. Usually it is best to lower blood pressure over days. Based on expert opinion, targets of <=160/100, or no more than a 30% lowering of mean arterial pressure during the first few hours to first day is reasonable, with a further gradual lowering thereafter to goal over the ensuing days. Hypertensive emergency involves high blood pressures in which end organ damage is suspect or imminent and typically the associated blood pressure is in excess of 180/110 but can sometimes involve even lower pressures. These patients should normally be sent to the emergency room by emergency medical services.

Quality Improvement Measures

Quality improvement measure recommendations are based on CMS PQRS (2016), AHRQ National Quality Measures and USPSTF guidance.

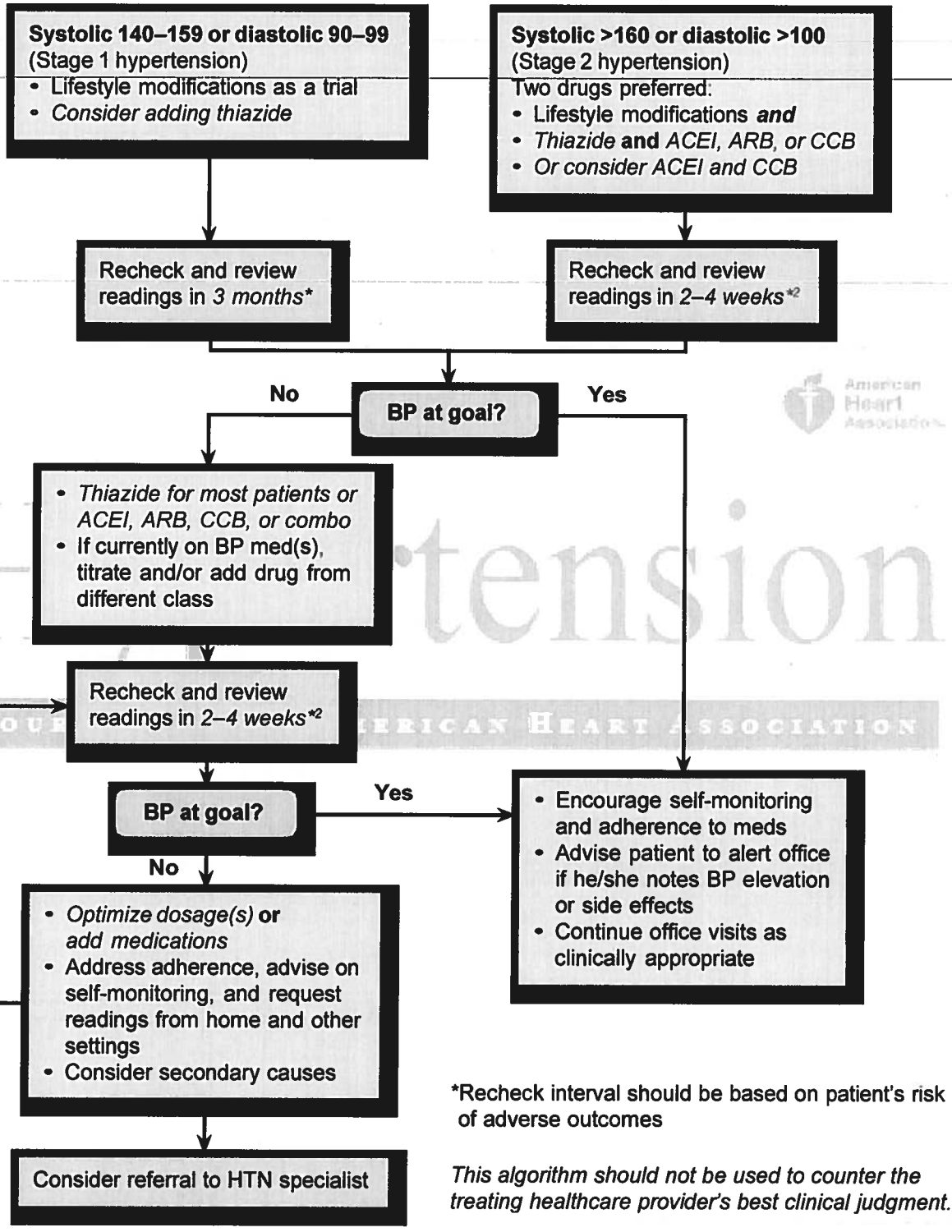
1. Blood pressure screening in all adults (>18yo) (USPSTF)
2. Documented control of blood pressure to goal for adults with hypertension
3. Initial screening for diabetes
4. Initial and at least annual cholesterol check in patients 40-75 with hypertension or CVD risk
5. At least initial tobacco use screening and counseling on cessation if tobacco used
6. Documentation of counseling on interventions to promote a healthy diet and physical activity

Additional References and Resources

Several resources are placed in the IHSC Clinical Guidelines Sharepoint folder and include the following:

1. AHA.Controlling hypertension in adults (Recommended to have on hand as desk reference.)
2. Hypertension Management Algorithm AHA.ACC.CDC (Recommended to have on hand as desk reference.)
3. Pediatric Normal Vitals updated summary (Recommended to have on hand as desk reference.)
4. Child Blood Pressure Tables NHLBI
5. JNC 8 Hypertension Guideline
6. JNC8 Full Document
7. AHA.ACC.CDC Science Advisory
8. IHSC 2013 Hypertension Guideline (Excellent source of relevant information from IHSC Chief Cardiologist Dr. Chang Park.)
9. ALLHAT (Antihypertensive and Lipid Lowering Treatment to Prevent Heart Attack Trial) Collaborative Research Group: ALLHAT TRIAL. JAMA 288:2981, 2002

Controlling Hypertension in Adults[1]



*Recheck interval should be based on patient's risk of adverse outcomes

This algorithm should not be used to counter the treating healthcare provider's best clinical judgment.

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JN0080 11/13

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Controlling Hypertension in Adults

The blood pressure (BP) goal for an individual is set by utilizing a combination of factors including scientific evidence, clinical judgment, and patient tolerance. For most people, the goal is <140 and <90;[3] however, lower targets may be appropriate for some populations such as African-Americans, the elderly, or patients with LV hypertrophy, systolic or diastolic LV dysfunction, diabetes mellitus or chronic kidney disease. Lifestyle modifications (LM) should be initiated in all patients with hypertension (HTN) and they should be assessed for target organ damage and existing cardiovascular disease. Self-monitoring[4] is encouraged for most patients throughout their care, and requesting and reviewing readings from home and community settings can help the provider assist the patient in achieving and maintaining good control. For patients with hypertension in combination with certain clinical conditions, specific medications should be considered first-line treatments.

Suggested Medications for Treatment of Hypertension in Presence of Certain Medical Conditions

- Coronary artery disease/Post MI: *BB, ACEI*
- Systolic heart failure: *ACEI or ARB, BB, ALDO ANTAG, thiazide*
- Diastolic heart failure: *ACEI or ARB, BB, thiazide*
- Diabetes: *ACEI or ARB, thiazide, BB, CCB*
- Kidney disease: *ACEI or ARB*
- Stroke or TIA: *thiazide, ACEI*

Lifestyle Modifications[3] (LM)

Modification	Recommendation	Approximate SBP Reduction (Range)**
Reduce weight	Maintain normal body weight (body mass index 18.5–24.9 kg/m^2)	5–20 mm Hg/10 kg
Adopt DASH*[5] eating plan	Consume a diet rich in fruits, vegetables, and low-fat dairy products with a reduced content of saturated and total fat	8–14 mm Hg
Lower sodium intake[6]	a. Consume no more than 2,400 mg of sodium/day; b. Further reduction of sodium intake to 1,500 mg/day is desirable since it is associated with even greater reduction in BP; and c. Reduce intake by at least 1,000 mg/day since that will lower BP, even if the desired daily sodium intake is not acheived	2–8 mm Hg
Physical activity	Engage in regular aerobic physical activity such as brisk walking (at least 30 min per day, most days of the week)	4–9 mm Hg
Moderation of alcohol consumption	Limit consumption to no more than 2 drinks (e.g., 24 oz beer, 10 oz wine, or 3 oz 80-proof whiskey) per day in most men, and to no more than 1 drink per day in women and lighter weight persons	2–4 mm Hg

*DASH, dietary approaches to stop hypertension
**The effects of implementing these modifications are dose and time dependent, and could be greater for some individuals

Abbreviations

ACEI, angiotensin-converting-enzyme inhibitor; ALDO ANTAG, aldosterone antagonist; ARB, angiotensin II receptor blocker; BB, ß-blocker; BP, blood pressure; CCB, calcium channel blocker; HTN, hypertension; MI, myocardial infarction; SBP, systolic blood pressure; TIA, transient ischemic attack

References

1. Go AS, Bauman M, Coleman King SM, Fonarow GC, Lawrence W, Williams K, Sanchez E. An effective approach to high blood pressure control: a science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. *Hypertension.* 2013: published online before print November 15, 2013, 10.1161/HYP.0000000000000003.
2. Jaffe MG, Lee GA, Young JD, Sidney S, Go AS. Improved Blood Pressure Control Associated with a Large-Scale Hypertension Program. *JAMA.* 2013;310(7);699-705.
3. National Heart, Lung, and Blood Institute, National Institutes of Health. *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure — Complete Report.* National Heart, Lung, and Blood Institute, National Institutes of Health. NIH Publication No. 04-5230, 2004.
4. Centers for Disease Control and Prevention. *Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners.* Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013.
5. Sacks FM, Svetkey LP, Vollmer WM, et al. Effects on blood pressure of reduced dietary sodium and the Dietary Approaches to Stop Hypertension (DASH) diet. DASH-Sodium Collaborative Research Group. *N Engl J Med.* 2001;344:3-10.
6. Eckel RH, Jakicic JM, Ard JD, Hubbard VS, de Jesus JM, Lee I-M, Lichtenstein AH, Loria CM, Millen BE, Houston Miller N, Nonas CA, Sacks FM, Smith SC Jr, Svetkey LP, Wadden TW, Yanovski SZ. 2013 AHA/ACC guideline on lifestyle management to reduce cardiovascular risk: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation.* 2013: published online before print November 12, 2103, 10.1161/01.cir.0000437740.48606.d1.

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Adult Hypertension

care management | institute

NNT CVA[2] = 63
NNT MI[2] = 86
NNT CVA or MI[2] = 36

BLOOD PRESSURE (BP) GOAL

≤ 139 / 89 mm Hg – All Adult Hypertension

ACE-INHIBITOR / THIAZIDE DIURETIC
Lisinopril / HCTZ
(Advance as needed)
20 / 25 mg X ½ daily
20 / 25 mg X 1 daily
20 / 25 mg X 2 daily
Pregnancy Potential: Avoid ACE-Inhibitors[1]

If pregnancy potential →

THIAZIDE DIURETIC
HCTZ 25 mg → 50 mg
OR
Chlorthalidone 12.5 mg → 25 mg

If not in control

CALCIUM CHANNEL BLOCKER
Add amlodipine 5 mg X ½ daily → 5 mg X 1 daily → 10 mg daily

If not in control

SPIRONOLACTONE OR BETA-BLOCKER
IF on thiazide **AND** eGFR ≥ 60 mL/min/1.73m² **AND** K < 4.5
Add spironolactone 12.5 mg daily → 25 mg daily
OR
Add atenolol 25 mg daily → 50 mg daily (Keep heart rate > 55)

If not in control

- Consider medication non-adherence.
- Consider interfering agents (e.g., NSAIDs, excess alcohol).
- Consider white coat effect. Consider BP checks by medical assistant (e.g., two checks with 2 readings each, 1 week apart).
- Consider discontinuing lisinopril / HCTZ and changing to chlorthalidone 25 mg plus lisinopril 40 mg daily. Consider additional agents (hydralazine, terazosin, reserpine, minoxidil).
- Consider stopping atenolol and adding diltiazem to amlodipine, keeping heart rate > 55.
- **Avoid using clonidine, verapamil, or diltiazem together with a beta blocker. These heart-rate slowing drug combinations may cause symptomatic bradycardia over time.**
- Consider secondary etiologies.
- Consider consultation with a hypertension specialist.

1. ACE-Inhibitors are contraindicated in pregnancy and not recommended in most child-bearing age women.
2. NNT = number needed to treat to prevent one event, maintaining hypertension control for at least 5 years

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- Medication up-titrations are recommended at 2-4 week intervals (for most patients) until control is achieved. Consider follow-up labs when up-titrating or adding lisinopril/HCTZ, chlorthalidone, HCTZ, or spironolactone.
- Use lipid lowering therapy according to Dyslipidemia Management in Adults guideline: http://cl.kp.org/pkc/national/cmi/programs/dyslipidemia/guideline/index.html
- If pregnant, refer to OB/GYN for hypertension management. If on ACE-Is or ARBs, discontinue immediately.

LIFESTYLE CHANGES ARE RECOMMENDED FOR ALL PATIENTS:

DASH diet.
Sodium restriction (≤ 2.4 gm sodium daily).
Weight reduction if BMI ≥ 25 kg/m².
Exercise at a moderate pace to achieve 150 mins / week (i.e., 30 min / 5 days/wk).
Limit daily alcohol to no more than 1 drink (women) or 2 drinks (men).
Smoking cessation is strongly recommended; counsel tobacco users on the health risks of smoking, and the benefits of quitting.

RECOMMENDATIONS FOR PATIENTS WITH ACE-I INTOLERANCE:

1. HCTZ 25 mg, then 50 mg to achieve BP goal.
2. Add losartan 25 mg, then 50 mg, then 100 mg to achieve BP goal.
3. Add amlodopine 2.5 mg, then 5 mg, then 10 mg to achieve BP goal.

Table 2: Dosage Range for Selected Antihypertensive Medications[1]

DRUG CLASS	GENERIC (OTHER NAMES)	USUAL DOSAGE RANGE
ACE-I-THIAZIDE COMBINATION PILL	Lisinopril/HCTZ (Prinzide®)	10/12.5 mg daily 20/25 mg twice daily
THIAZIDE-TYPE DIURETICS	Hydrochlorothiazide [HCTZ], (Esidrix®)	25 - 50 mg daily
THIAZIDE-TYPE DIURETICS	Chlorthalidone (Hygroton®)	12.5 - 25 mg daily
THIAZIDE-TYPE DIURETICS	Indapamide (Lozol®)	1.25 - 2.5 mg daily
ACE INHIBITORS (ACE-I)	Lisinopril (Zestril, Prinvil®)	10 - 40 mg daily
ACE INHIBITORS (ACE-I)	Captopril (Capoten®)	25 - 50 mg twice daily
ACE INHIBITORS (ACE-I)	Benazepril (Lotensin®)	10 - 40 mg daily
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)	Losartan (Cozaar®)	25 - 100 mg daily
LONG-ACTING DIHYDROPYRIDINE CALCIUM	Amlodopine (Norvasc®)	2.5 - 10 mg daily
LONG-ACTING DIHYDROPYRIDINE CALCIUM	Nifedipine ER (Procardia XL®)	30 - 90 mg daily
LONG-ACTING DIHYDROPYRIDINE CALCIUM	Felodipine ER (Plendil®)	2.5 - 20 mg daily
ALDOSTERONE RECEPTOR BLOCKER	Spironolactone (Aldactone)	12.5 - 25 mg daily
BETA-BLOCKERS (BB)	Atenolol (Tenormin®)	25 - 100 mg total, taken once or twice daily
BETA-BLOCKERS (BB)	Metoprolol (Lopressor®)	25 - 100 mg BID
BETA-BLOCKERS (BB)	Carvedilol (Coreg®)	3.125 - 25 mg BID
BETA-BLOCKERS (BB)	Metoprolol ER (Toprol XL®)	50 - 100 mg daily
ACE-I-THIAZIDE COMBINATION	Spironolactone/HCTZ (Aldactazide®)	25 / 25 mg daily
ALPHA BLOCKERS	Terazosin (Hytrin®)	1 - 20 mg daily
ALPHA BLOCKERS	Doxazosin (Cardura®)	1 - 16 mg daily
ALPHA BLOCKERS	Prazosin (Minipress®)	1 - 10 mg BID
DIRECT VASODILATORS	Hydralazine (Apresoline®)	25 - 100 mg BID
DIRECT VASODILATORS	Minoxidil (Loniten®)	2.5 mg daily - 20 mg BID
ALPHA-2 AGONISTS	Clonidine (Catapres®)	0.1 mg HS - 0.4 mg BID
PERIPHERAL ADRENERGIC INHIBITOR	Reserpine (Serpalan®)	0.05 - 0.1 mg daily

1 Availability of medications may vary depending on regional formularies.

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Organizations may consider utilizing components of this algorithm in efforts to drive systemic hypertension control.

The Guidelines for the management of sickle cell disease

October 9, 2014

Introduction;

Sickle cell disease (SCD) is the life-threatening genetic disorder affecting nearly 100,000 individuals in the United States and is associated with many acute and chronic complications requiring immediate medical attention. Two disease-modifying therapies, hydroxyurea and long-term blood transfusions, are available but underused. In addition, hematopoietic stem cell transplantation; the only curative approach, has been used in only a small proportion of affected individuals. This IHSC guideline to support and expand the number of health providers able and willing to provide care for detainees with SCD while in detention. Recognizing the need to provide practical guidance for common problems that may lie outside of the evidence, this IHSC guideline is supplemented by the expertise of the specialists who have many years of experience in managing and studying individuals with SCD. This guideline is divided into sections related to health maintenance as well as clinical manifestations of sickle cell anemia, diagnosis and management of acute and chronic complications. The final 2 sections address hydroxyurea and blood transfusion therapies.

Clinical manifestations of Sickle Cell Anemia;

Most patients with sickling syndromes suffer from *hemolytic anemia*, with hematocrits from 15-30 %, and significant reticulocytosis.

Granulocytosis is common. The white count can fluctuate substantially and unpredictably during and between painful crises, infectious episode, and other intercurrent illness.

Vasoocclusion of which component usually dominates the clinical course and causes protean manifestations. Intermittent episodes of vasoocclusion in connective and musculoskeletal structures produce painful ischemia manifested by acute pain and tenderness, fever, tachycardia, and anxiety. These recurrent episodes, called *painful crises,* are the most common clinical manifestation. Their frequency and severity vary greatly. Pain can develop almost anywhere in the body and may last from a few hours to 2 weeks. Repeated crises requiring hospitalization (> 3 per year) correlate with reduced survival in adult life, suggesting that these episodes are associated with accumulation of chronic end-organ damage. Provocative factors include infection, fever, excessive exercise, anxiety, abrupt changes in temperature, hypoxia, or hypertonic dyes.

Repeated micro-infarction can destroy tissues having microvascular beds that promote sickling. Thus the spleen is frequently lost within the first 18-36 months of life, causing susceptibility to infection, particularly by pneumococci. Acute venous obstruction of the spleen; *splenic sequestration crisis* , a rare

occurrence in early childhood, may require emergency transfusion and/or splenectomy to prevent trapping of the entire arterial output in the obstructed spleen.

Occlusion of retinal vessels can produce hemorrhage, neovascularization, and eventual detachments.

Renal papillary necrosis invariably produces isosthenuria. More widespread renal necrosis leads to renal failure in adults, a common late cause of death.

Bone and joint ischemia can lead to aseptic necrosis, especially of the femoral or humeral heads; chronic

arthropathy; and unusual susceptibility to osteomyelitis, which may be caused by organisms, such as *Salmonella,* rarely encountered in other settings.

The *hand-foot syndrome* is caused by painful infarcts of the digits and dactylitis.

Stroke is especially common in children; a small subset tends to suffer repeated episodes. Stroke is less common in adults and is often hemorrhagic.

Priapism is a particularly painful complication in males. It is due to infarction of the penile venous outflow tracts; permanent impotence is a frequent consequence.

Chronic lower leg ulcers probably arise from ischemia and superinfection in the distal circulation.

Acute chest syndrome (ACS) is a distinctive manifestation characterized by chest pain, tachycardia, fever, cough, and arterial oxygen desaturation. It can mimic pneumonia, pulmonary emboli, bone marrow infarction and embolism, myocardial ischemia, or *in situ* lung infarction.

Repeated episodes of acute chest pain correlate with reduced survival. Acutely, reduction in arterial oxygen saturation is especially ominous because it promotes sickling on massive scale. Chronic acute or subacute pulmonary crises lead to pulmonary hypertension and cor pulmonale, an increasingly common cause of death as patients survive longer.

Diagnosis;

Sickle cell diseases (syndromes) are suspected on the basis of hemolytic anemia, RBC morphology, and intermittent episodes of ischemic pain. Diagnosis is confirmed by hemoglobin electrophoresis and the sickling tests. Sickle hemoglobin (HbS; most prevalent genotype, HbSS), the predominant hemoglobin that is present in the red blood cells of persons with SCD, results from substitution of the amino acid valine for glutamic acid at the six position of the β-chain. When deoxygenated, red blood cells from persons with SCD can develop a sickle or crescent shape, become inflexible, and increase blood viscosity through intrinsic properties of the sickle cells as well as abnormal interactions of these cells with

leukocytes, platelets, vascular endothelium, and clotting factors. The most prevalent genotype, HbSS, and the much less common HbSβ°-thalssemia, both commonly referred to as sickle cell anemia because they are phenotypically very similar and are associated with the most severe clinical manifestations. Most of those affected are of African ancestry or self-identify as black, with a minority being of Hispanic, Middle Eastern, or Asian Indian descent. Thorough characterization of the exact hemoglobin profile of the patient is important, because sickle thalassemia and hemoglobin SC (a variant that causes manifestations of sickle cell disease when paired with HbS) disease have distinct prognoses or clinical features. Diagnosis is usually established in childhood, but occasional patients, often with compound heterozygous states, do not develop symptoms until the onset of puberty, pregnancy, or early adult life. Details of the childhood history establish prognosis and need for aggressive or experimental therapies. Factors associated with increased morbidity and reduced survival are more than three crises requiring hospitalization per year, chronic neutrophilia, a history of splenic sequestration or hand-foot syndrome, and second episodes of acute chest syndrome. Patients with a history of cerebrovascular accidents are at high risk for repeated episodes and require especially close monitoring using Doppler carotid flow. Patients with severe or repeated episodes of acute chest syndrome may need lifelong transfusion support, utilizing partial exchange transfusion, if possible.

Management (*Evidence-Based Recommendations by Expert Panel Members*)

1. ***Health maintenance;***

✍ Prevention of invasive pneumococcal infection:

- *Administer oral penicillin prophylaxis(125mg for those < 3y and 250mg for those ≥ 3y) twice daily until age 5 y in all children with HbSS*
- *Ensure that persons of all ages with SCD have been vaccinated against Streptococcus pneumonia*

✍Immunizations:

- *Children aged 6-18 y with functional or anatomic asplenia receive 1 dose of PVC 13(conjugate 13-valent vaccine)*
- *Adults aged ≥ 19 y who have not received pneumococcal vaccine but have functional or anatomic asplenia and whohave not previously received PCV 13 or PPSV 23 (23-valent polysaccharide vaccine) should receive 1 dose of PCV 13 first, followed by a dose of PPSV 23 at least 8 wk later, with subsequent doses of PPSV23 to follow current PPSV23 recommendations for adults at high risk; a second PPSV 23 dose is recommended 5 y after the first PPSV23 dose for persons aged 19-64 y with functional or anatomic asplenia, in addition, those who received PPSV 23 before age 65 y for any indication should receive another dose of the vaccine at age 65 y or later if at least 5 y have elapsed since their previous PPSV 23 dose*

- *Adults aged ≥ 19 y with previous PPSV23 vaccination and functional or anatomic asplenia who received ≥1 dose of PPSV23 should be given a PCV 13 dose ≥1 y after the last PPSV23 dose- For those who require additional doses of PPSV23, the first such dose should be given no sooner than 8 wk after PCV13 dose and at least 5 y after the most recent dose of PPVC23*

✍ Screening for hepatitis C:

Screen for hepatitis C virus (HVC) infection in persons at high risk for infection (e.g., those with multiple transfusions) and offer 1-time screening for HVC infection to all adults born between 1945 and 1965

✍ Electrocariogram (ECG) screening:

Do not screen asymptomatic children or adults with SCD with ECG

✍ Screening for retinopathy:

Refer to an ophthalmologist for a dilated eye examination to evaluate for retinopathy beginning at age 10 y, then, a normal dilated retinal examination -rescreen 1- to 2-y intervals

✍ Screening for risk of stroke using neuroimaging;

- *In chidren with sickle cell anemia, screen annually(beginning at age 2 y and continuing until at least 1ge 16y)with transcranial Doppler. According to the methods used STOP(Stroke Prevention Trial in Sickle Cell Anemia) studies*
- *In children with conditional (170-199cm/s) or elevated (≥200cm/s) transcranial Doppler results, refer to a specialist with expertise in long-term transfusion therapy aimed at preventing stroke*
- *In children with genotypes other than SCA(e.g,HbSbeta^{+} -thalassemia or HbSC), do not perform screening with transcranial Doppler*
- *In asymptomatic children with SCD, do not perform screening with MRI(magnetic resonance imaging) or CT(computed tomography)*
- *In asymptomatic adults with SCD, do not perform screening with neuroimaging (transcranial Doppler, MRI, or CT*

✍ Screening pulmonary disease:

Do not screen asymptomatic children and adults with pulmonary function tests

✍ Contraception, reproductive counseling, and opioid use during pregnancy:

Consensus-adapted recommendation from the World Health Organization (WHO) and the US Center for Disease Control and Prevention (CDC).

2. ***Managing Acute Complications*** *;*

✍ Vasoocclusive crisis:

- *Continue treatment with nonsteroidal anti-inflammatory drugs (NSAIDs) in adults and children with a vasoocclusive crisis associated with mild to moderate pain in those who report relief with NSAIDs in the absence of contraindications*
- *Rapidly initiate treatment with parenteral opioids in adults and children with a vasoocclusive crisis with severe pain*
- *Initiate around-the-clock opioid administration by patient-controlled analgesia or frequently scheduled doses vs as requested administration in adults and children with a vasoocclusive crisis associated with severe pain*
- *Use incentive spirometry during hospitalization for vasoocclusive crisis to reduce the risk of acute chest syndrome*
- *Do not administer a blood transfusion unless there are other indications for transfusion in children and adults with a vasoocclusive crisis*
- *Use an individualized prescribing and monitoring protocol (written by the patient's SCD clinician) or an SCD-specific protocol whenever possible to promote rapid, effective, and safe analgesic management and resolution of the vasoocclusive crisis in children and adults*

✍ Acute chest syndrome (ACS):

- *Treat persons with SCD who have ACS with an intravenous cephalosporin, an oral macrolide antibiotic, supplemental oxygen (to maintain oxygen saturation of > 95%), and close monitoring for bronchospasm, acute anemia, and hypoxemia*
- *In persons with sickle cell anemia, give simple blood transfusion (10mL/kg of red blood cells) to improve oxygenation-carrying capacity to persons with symptomatic ACS whose hemoglobin concentration is >1.0 g/dL below baseline; if baseline hemoglobin is ≥ 9g/dL, simple blood transfusion may not be required*
- *In persons with HbSC disease or HbSβ^+ -thalassemia, consult an SCD expert regarding decisions about transfusion*
- *Perform urgent exchange transfusion in consultation with hematology, critical care, or apheresis specialists, when there is rapid progression of ACS as manifested by oxygen saturation of < 90% despite supplemental oxygen, increasing respiratory distress, progressive pulmonary infiltrates, decline in hemoglobin concentration despite simple transfusion, or all of these*
- *Encourage use of incentive spirometry while awake*

✍ Acute stroke:

- *Consult an SCD expert and perform exchange transfusion in persons with SCD who develop acute stroke confirmed by neuroimaging*
- *Initiate a program of monthly simple or exchange transfusions in children and adults who have had s stroke*
- *Initiate hydroxyurea therapy when it is not possible to initiate a transfusion program in children and adults who have had a stroke*

✍ Priapism:

- *Initiate interventions to include vigorous oral or intravenous hydration and oral or intravenous analgesia when an episode of priapism lasts ≥ 4h*
- *Consult with a urologist when an episode of priapism lasts ≥ 4h*
- *Do not use transfusion therapy for immediate treatment of priapism associated with SCD*
- *Consult with a hematologist for possible preoperative transfusion if surgical intervention is required*

✍ Hepatobiliary complications:

- *Treat asymptomatic gallstones with watchful waiting in children and adults with SCD; in those who develop symptoms specific to gallstones, treat with cholecystectomy (the laparoscopic approach is preferred if surgically feasible and available)*

✍ Splenic sequestration:

- *Provide immediate intravenous fluid resuscitation in persons with hypovolemia due to severe splenic sequestration*
- *Consult an SCD expert and begin transfusion in persons who have acute splenic sequestration and severe anemia to increase hemoglobin to stable level, while avoiding overtransfusion*
- *Consult an SCD expert to address the performance and timing of splenectomy in persons with recurrent acute splenic sequestration or symptomatic hypersplenism*

✍ Acute renal failure:

- *In a patient with an acute increase in serum creatinine level of ≥ 0.3mg/dL, (1) monitor renal function daily, including serum creatinine level, fluid intake, and fluid output; (2) avoid potential nephrotoxic drugs and imaging agents; and (3) evaluate the patient thoroughly for all potential etiologies in consultation with a nephrologist as needed*

- *Do not give blood transfusions to treat acute renal failure unless there are other indications for transfusion*
- *Use renal replacement therapy (e.g., hemodialysis) when needed for acute renal failure*

3. ***Managing chronic complications;***

✍ Avascular necrosis:

- *Evaluate all children and adults with SCD and intermittent or chronic hip pain for avascular necrosis by history, physical examination, radiography, and magnetic resonance imaging, as needed*
- *Treat avascular necrosis with analgesics and consult physical therapy and orthopedic for assessment and follow-up*

✍ Pulmonary hypertension:

- *Refer persons who have symptoms or signs suggestive of pulmonary hypertension for echocardiography*

✍ Renal complication:

- *Refer persons with proteinuria (>300mg/24h) to a nephrologist for further evaluation*
- *For adults with micoralbuminuria without other apparent cause, initiate angiotensin-converting enzyme (ACE) inhibitor therapy*
- *For adults with proteinuria without apparent cause, initiate ACE inhibitor therapy*
- *Initiate ACE inhibitor therapy for renal complications when indicated even in the presence of normal blood pressure*
- *Renal replacement therapy (e.g., hemodialysis, peritoneal dialysis, renal transplantation) should be used in persons with SCD if needed*

✍ Ophthalmologic complications:

- *Refer children and adults with vitreoretinal complications of proliferative sickle retinopathy(PSR) refractory to medical treatment for evaluation and possible vitrectomy*
- *A Refer persons of all ages with PSR to an ophthalmologist for evaluation and possible laser photocoagulation therapy*

✍ Leg ulcers:

- *Treat leg ulcers in persons with SCD with initial standard therapy (e.g., debridement, wet to dry dressings, topical agents)*
- *Evaluate persons with chronic recalcitrant deep leg ulcers for osteomyelitis*
- *Evaluate possible etiologies of leg ulcers to include venous insufficiency and perform wound culture if infection is suspected or if the ulcers deteriorate*

- *Treat with systemic or local antibiotics if leg ulcer site is suspicious for infection and wound culture is positive and organisms are susceptible*

4. ***Hydroxyurea therapy;***

- *In adults with sickle cell anemia (SCA) who have ≥ 3 moderate to severe pain crises associated with sickle cell disease(SCD) during a 12-mo period, initiate treatment with hydroxyurea*
- *In adults with SCA who have sickle cell-associated pain that interferes with daily activities and quality of life, initiate treatment with hydroxyurea*
- *In adults with SCA who have a history of severe or recurrent acute chest syndrome(ACS), initiate treatment with hydroxyurea*
- *In adults with SCA who have severe symptomatic chronic anemia that interferes with daily activities or quality of life, initiate treatment with hydroxyurea*
- *In infants 9 mo of age or older, in children, and in adolescents with SCA, offer treatment with hydroxyurea regardless of clinical severity to reduce complications (e.g., pain, dactylitis, ACS, anemia)related to SCD*
- *Discontinue hydroxyurea therapy in women who are pregnant or breastfeeding*
- *Use an established prescribing and monitoring protocol to ensure proper use of hydroxyurea and maximize benefits and safety*
- *In persons with HBSβ^+ -thalassemia or HbSC who have recurrent SCD-associated pain that interferes with daily activities or quality of life, consult an SCD expert for consideration of hydroxyurea therapy*
- *In persons not demonstrating a clinical response to appropriate doses and duration of hydroxyurea therapy, consult an SCD expert*

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5. Blood transfusion in the management of SCD ;

✍ Indications for prophylactic perioperative transfusion:

- *In adults and children with sickle cell anemia(SCA), transfuse red blood cells to bring the hemoglobin level to 10 g/dL prior to undergoing a surgical procedure involving general anesthesia*
- *In persons with HbSS disease who require surgery and who already have a hemoglobin level higher than 8.5 g/dL without transfusion, are receiving long-term hydroxyurea therapy, or who require high-risk surgery(e.g., neurosurgery, prolonged anesthesia, cardiac bypass), consult a sickle cell disease(SCD) expert for guidance as to the appropriate transfusion method*
- *In adults and children with HbSC or HbSβ^+-thalassemia, consult an SCD expert to determine if full or partial exchange transfusion is indicated before a surgical procedure involving general anesthesia*

✍ Appropriate management and monitoring:

- *Red blood cell units that are to be transfused to individuals with SCD should include matching for C, E, and K antigens*
- *In persons with SCA who do not receive transfusions long-term and who are therefore at risk for hyperviscosity due to high percentage of circulating HbS-contining erythrocytes, avoid transfusing to a target hemoglobin level > 10 g/dL*
- *In children with SCA who receive transfusions long-term, the goal of transfusion should be to maintain a HbS level of < 30% immediately prior to the next transfusion*
- *The expert panel recommends that clinicians prescribing long-term transfusion therapy follow an established monitoring protocol*

✍ Management and prevention of transfusion complications:

- *Consult the blood bank for a workup of a possible delayed hemolytic transfusion reaction in a patient with any of the following signs or symptoms : acute anemia, pain, or jaundice within 3 weeks after a blood transfusion*
- *In persons who receive long-term transfusion therapy, perform serial assessment of iron overload to include validated liver iron quantification methods such as liver biopsy, MRI R2,T2, and R2; the optimal frequency of assessment has not been established and will be based in part on the individual patient's characteristics*
- *Administer iron chelation therapy (with consultation with a hematologist)to persons with SCD and documented transfusion-acquired iron overload*

References;

1. The evidence-Based Management of Sickle Cell Diseases: Expert panel Report 2014 (available at http://www.nhlbi,nih.gov/health-pro/guidelines/sickle-cell-disease-guidelines/)
2. US Center for Disease Control and Prevention. Sickle cell disease: data and statistics. http://www.cdc.gov/ncbddd/sicklecell/data.html.
3. Benjamin LJ, Dampier CD, Jacox A, et al. *Guideline for the management of Acute and Chronic Pain in Sickle-Cell Disease.* Chicago, IL: American Pain Society 1999
4. Chou ST. Transfusion therapy for sickle cell disease: a balancing act. *Hematology Am Soc Hematol Edu Program.* 2013; 2013:439-446.
5. Up-to-date; September, 2014

ATTACHMENT 8

Quality of Medical Care (QMC) Inspection Worksheet

IHSC QMC for Facilities

Facility Information				
Facility Name:				
AOR:	Select			
Address:				
City:			**County:**	
State:	Select	**Zip:**		
Inspection Information				
Start Date:	Select			
End Date:	Select			
Organization:		Select		
# Detainees at Time of Visit:				
Total Facility Population at Time of Visit:				
Facility Capacity:				
Notes:				
Reviewer Information				
Lead Reviewer Name:			**Date Signed:**	Select
Signature:	X			

Compliance Dashboard			
Subject Area	**Description**	**Compliance**	
ASM	Asthma		
CG	Complaints and Grievance	0	*Total Number
CM	Continuity of Medications		
DC	Dental Care		
DM	Diabetes		
DSA	Diagnostic Services and Specialty Care Access		
EED	Evaluation of Care Prior to Emergency Department		
HA	Health Assessment		
HIV	Human Immunodeficiency Virus		
HTM	Hypertension		
LT	Laboratory Testing		
MR	Medical Recordkeeping		
MAR	Medication Administration Records		
MHS	Mental Health Screen		
MHT	Mental Health Treatment Planning		
PG	Pregnant Women		
SZ	Seizure Disorder		
SS	Suicide Screening		
TD	Treatment of Disability		
UC	Urgent Care (Sick Call)		

CDF STAFFING MATRIX						
Position	**# FTE Filled**	**# FTE Vacant**	**Total FTE Per Staffing Model**	**# Day Shift**	**# Evening Shift**	**# Night Shift**
C.N.A.						
Dental Assistant						
Dentist						
EMT						
H.S.A.						
LVN/LPN						
MH Counselor						
MRT						
NP/PA						
Nurse Manager						
Paramedic						
Pharmacist						
Pharmacy Tech						
Physician						
Psychiatrist						
Psychologist						
RN						
Social Worker						
X-ray Tech						
Other 1						
Other 2						
TOTAL	0	0	0	0	0	0

INTRODUCTION TO THE QMC

These Quality of Medical Care (QMC) audit tools focus on the assessment of clinical performance using a set of standardized measures. The measures are based on either nationally-accepted clinical guidelines or industry best practices regarding healthcare services for chronic diseases, such as National Commission for Correctional Healthcare, National Institutes of Health, American Diabetes Association, etc.

Measurement of clinical performance is only one aspect of a facility quality assessment. It is an adjunct, not a substitute, for assessment of the effectiveness of policies and procedures, sanitation and hygiene, space and equipment, etc.

- These tools are designed to provide a snapshot of care for current or recent detainees, focused on areas of high risk.
- The data collected can be used to analyze opportunities for improvement, for tracking and trending performance over a period of time, and for cross-comparisons with other facilities.
- The measures on each audit tool are "proxy" measures which can be used to generalize about the health care for a specific situation or condition based on the answers to each question. For example, there are eight measures on the diabetes audit tool. If performance on these measures is acceptable, it is assumed that the overall care for diabetics is acceptable.

- The recommended sampling design is intended to measure recent care provided in the facility, generally on patients who have been in custody for enough time to provide expected care, follow-through and measurable outcomes. For example, the health assessment sample is taken from a list of detainees in custody ≥ 14 days.
- In most cases, the recommended sample size will provide a reliable picture of care that can be generalized.
- While the goal is 100% compliance, the performance objective for most of the audit tools is $\geq 90\%$. That is, a facility is meeting expectations when performance on each measure meets or exceeds 90%.
- The performance objective for the audit tool on ambulatory sensitive conditions is 100%.
- In general, the answers are either "yes," "no," or "not applicable due to length of stay" (N/A - LOS) or "not applicable – not due to length of stay" (N/A - NLOS). In general, a 'yes' response indicates that the measure has been met and a 'no' response indicates the measure has not been met. Two exceptions to this are noted in the section below.

AUDIT TOOL COMPLETION

Reviewers are required to complete each audit tool. If there are no detainees who meet the criteria for a particular audit tool, this should be noted on the worksheet by clicking the appropriate box. If there are no detainees who meet the criteria, but there are general questions to answer on the tool, the answers to these questions should still be filled out. If the number of detainees who meet the audit tool criteria is less than the recommended sample size, the reviewer should answer the measures for the number of detainees available and add a note in the overall remarks section about why the full sample size was not reviewed. If certain measures are not applicable to a particular detainee, the reviewer will select the 'NA – LOS' answer, if the reason it was not applicable is related to the shortened stay of the detainee in the facility. If the reason is not applicable due to other reasons, the reviewer will select 'NA – Not LOS' as the answer.

Reviewers should note that in item #2 in the Evaluation of Care Prior to Emergency Department/Hospital Visit for Conditions Sensitive to Ambulatory Care audit tool a 'no' response is the desired answer that would indicate that the criteria was met. Thus if all responses are 'no' for this item, this reflects 100% compliance with this measure. The same should be noted by reviewers for item #5 in the Suicide Screening audit tool. A 'no' response is the desired answer that would indicate the criteria was met.

TIPS FOR REVIEWERS

- Keep control of the medical record sample selection. Select the records to review from the primary or secondary source identified on each audit tool. Ask the medical records staff to return the list of selected records with the corresponding stack of records to know why those records were requested and what proportion of the requests were not available.

- Take note of the proportion of the requested medical records that were not available and the proportion of laboratory and diagnostic reports that were not filed and acknowledged within the medical record. These are indicators of medical record system problems.

• Try to maintain the sample size. If several records requested are not available, select the same number of additional records to maintain the expected sample size.
• If a question asks for clinical judgment as to timeliness or appropriateness and the reviewer is unsure of the answer, make a simple note of the circumstances and discuss with a physician before finalizing the data. This may be done "back in the office."
• Don't neglect to ask for any paper records in facilities that use electronic health records. Many facilities maintain a paper record for certain documents.
• Don't hesitate to use a detainee's record for more than one audit tool. If the name shows up on two lists, and it was selected multiple times, use that record again.
• Don't make any assumptions about the reason for the absence of medical record documentation for any measure in the audit tools. Inquire with the facility health authority to obtain a clear understanding of the absence of information.
• Don't let facility staff select the records for review. This introduces bias, even if not intentional.
• Don't confuse the policy governing a certain practice with what was actually done in specific instance. Actual practice should be well-documented in the medical record.
• Don't think about calculating a composite score for an audit tool. Composite scores are misleading. Failure to achieve ≥ 90% on any single measure is an opportunity for improvement that can reduce a potential risk to detainees.

Term	Description
A#	Enter A# in format 123456789. Omit all leading characters such as "A".
N/A - LOS	N/A Due to Length of Stay
N/A - NLOS	N/A Not Due to Length of Stay
ASM	Asthma
CG	Complaints and Grievance
CM	Continuity of Medications
DC	Dental Care
DM	Diabetes
DSA	Diagnostic Services and Specialty Care Access
EED	Evaluation of Care Prior to Emergency Department
HA	Health Assessment
HIV	Human Immunodeficiency Virus
HTM	Hypertension
LT	Laboratory Testing
MR	Medical Recordkeeping
MAR	Medication Administration Records
MHS	Mental Health Screen
MHT	Mental Health Treatment Planning
PG	Pregnant Women
SZ	Seizure Disorder
SS	Suicide Screening
TD	Treatment of Disability
UC	Urgent Care (Sick Call)

ASTHMA (MODERATE AND SEVERE)								
Number of Files Reviewed for Patients Meeting this Criteria:	Select							
Purpose:	To assess conformance with nationally-accepted guidelines for chronic disease and to prevent deterioration in function and cost of unnecessary care.							
Source:	Chronic disease registry or MARs (Medical Administrative Record).							
Sample:	10 patients with moderate or severe asthma (for example, those on inhaled or oral steroids), chosen at random, if available.							
Guidelines:	NCCHC Federal Clinical Guidelines							
	https://www.ncchc.org/federal-clinical-guidelines							
	National Heath, Lung, and Blood Institute. (Sept., 2012). Asthma Care Quick Reference: Diagnosing and							
	https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf							
	Peak Expiratory Flow Rates, (Sept, 2016)							
	http://www.sh.lsuhsc.edu/fammed/outpatientmanual/PeakFlowTables.htm							
Remarks:	Type Text Here							
Reviewer:	Type Text Here		**Date Reviewed:**	Select				
Facility (f)								
fASM-1a:	Does the facility follow a particular clinical practice guideline to manage asthma?			Select				
fASM-1b:	If yes, what is the guideline?	Type Text Here						
Clinical (c)								
cASM-1	Was patient seen in CCC by mid-level provider or physician within 14 days of illness identification? *14 days for stable patients. Unstable patients or those on multiple medications (4 or more) should be seen sooner.							
cASM-2	Was a peak flow completed at the initial physical exam?							
cASM-3	Was a peak flow completed at the CC visit or within the last 3 months?							
cASM-4	Was a chronic disease guideline followed, which addressed disease severity, prescription of medication consistent with severity, and documented degree of control? *This criterion may require physician review. Please note in remarks if physician input was utilized.							
Totals:	0	0	0	0	0			
Compliance:								
Patient(s)	**A# (numbers only)**	**cASM-1**	**cASM-2**	**cASM-3**	**cASM-4**			
1		Select	Select	Select	Select			
2		Select	Select	Select	Select			
3		Select	Select	Select	Select			
4		Select	Select	Select	Select			
5		Select	Select	Select	Select			
6		Select	Select	Select	Select			
7		Select	Select	Select	Select			
8		Select	Select	Select	Select			
9		Select	Select	Select	Select			
10		Select	Select	Select	Select			

DIABETES										
Number of Files Reviewed for Patients Meeting this Criteria:	Select									
Purpose:	To assess conformance with nationally-accepted guidelines for chronic disease and to prevent deterioration in function and cost of unnecessary care.									
Source:	Chronic disease registry or MARs.									
Sample:	10 patients with diabetes chosen at random, if available.									
Guidelines:	NCCHC Federal Clinical Guidelines									
	https://www.ncchc.org/federal-clinical-guidelines									
Remarks:	Type Text Here									
Reviewer:	Type Text Here		**Date Reviewed:**	Select						
Facility (f)										
fDM-1:	What clinical practice guideline does the facility use to manage diabetes?	Type Text Here								
Clinical (c)										
cDM-1	Was blood sugar measured and recorded on intake?									
cDM-2	Was patient seen for chronic care by mid-level provider or physician within 14* days of illness identification? (14 days for stable patients. Unstable patients or those on multiple medications (4 or more) should be seen sooner.)									
cDM-3	Was a baseline HgbA1C performed within 30 days of intake or within the past 3 months?									
cDM-4	Were lipids measured within one year?									
cDM-5	Was patient followed at least every 90 days with appropriate vital signs?									
cDM-6	Was aspirin prescribed, as clinically indicated? *Refer to User Guide for clinical indications.									
cDM-7	Was degree of control (goal HgbA1C <8.0) documented?									
cDM-8	Was a strategy to attain diabetes control documented if HgbA1C was above goal?									
Totals:	0	0	0	0	0	0	0	0	0	
Compliance:										
Patient(s)	**A# (numbers only)**	**cDM-1**	**cDM-2**	**cDM-3**	**cDM-4**	**cDM-5**	**cDM-6**	**cDM-7**	**cDM-8**	
1		Select	Select	Select	Select	Select	Select	Select	Select	
2		Select	Select	Select	Select	Select	Select	Select	Select	
3		Select	Select	Select	Select	Select	Select	Select	Select	
4		Select	Select	Select	Select	Select	Select	Select	Select	
5		Select	Select	Select	Select	Select	Select	Select	Select	
6		Select	Select	Select	Select	Select	Select	Select	Select	
7		Select	Select	Select	Select	Select	Select	Select	Select	
8		Select	Select	Select	Select	Select	Select	Select	Select	
9		Select	Select	Select	Select	Select	Select	Select	Select	
10		Select	Select	Select	Select	Select	Select	Select	Select	

HIV								
Number of Files Reviewed for Patients Meeting this Criteria:		Select						
Purpose:	To assess conformance with nationally-accepted guidelines for chronic disease and to prevent deterioration in function and cost of unnecessary care.							
Source:	Chronic disease registry or MARs for current detainees and those detained within the last 6 months.							
Sample:	10 patients with HIV chosen at random or the universe of HIV-infected detainees, if < 10.							
Guidelines:	National Institutes of Health. Aids Info.	https://aidsinfo.nih.gov/guidelines						
	University of California, San Francisco. HIV Clinical Consultation Center.							
	http://nccc.ucsf.edu/ACA 2004 4-ALDF-4C-18							
Remarks:	Type Text Here							
Reviewer:	Type Text Here		**Date Reviewed:**	Select				
Facility (f)								
fHIV-1:	What clinical practice guideline does the facility use to manage HIV?	Type Text Here						
Clinical (c)								
cHIV-1	How was HIV status identified? By laboratory, prior medical records or patient report?							
cHIV-2	Was a CD4+ and viral load completed within 14 days of arrival, or within the last 3 months?							
cHIV-3	Was patient seen by an HIV or ID specialist within 30 days of HIV identification?							
cHIV-4	Was antiretroviral treatment considered and documented?							
cHIV-5	Was the patient seen by a mid-level provider or physician for chronic care at least every 90 days?							
cHIV-6	Was a chest x-ray completed within 72 hours of problem identification, if not already done?							
Totals:	0		0	0	0	0	0	
Compliance:								
Patient(s)	**A# (numbers only)**	**cHIV-1**	**cHIV-2**	**cHIV-3**	**cHIV-4**	**cHIV-5**	**cHIV-6**	
1		Select	Select	Select	Select	Select	Select	
2		Select	Select	Select	Select	Select	Select	
3		Select	Select	Select	Select	Select	Select	
4		Select	Select	Select	Select	Select	Select	
5		Select	Select	Select	Select	Select	Select	
6		Select	Select	Select	Select	Select	Select	

Patient(s)	A# (numbers only)	cHIV-1	cHIV-2	cHIV-3	cHIV-4	cHIV-5	cHIV-6	
7		Select	Select	Select	Select	Select	Select	
8		Select	Select	Select	Select	Select	Select	
9		Select	Select	Select	Select	Select	Select	
10		Select	Select	Select	Select	Select	Select	

HYPERTENSION								
Number of Files Reviewed for Patients Meeting this Criteria:	Select							
Purpose:	To assess conformance with nationally-accepted guidelines for chronic disease and to prevent deterioration in function and cost of unnecessary care.							
Source:	Chronic disease registry or MARs.							
Sample:	10 patients with hypertension chosen at random, if available.							
Guidelines:	NCCHC Federal Clinical Guidelines							
	https://www.ncchc.org/federal-clinical-guidelines							
Remarks:	Type Text Here							
Reviewer:	Type Text Here		**Date Reviewed:**	Select				
Facility (f)								
fHTM-1a:	Does the facility follow a clinical practice guideline to manage hypertension?			Select				
fHTM-1b:	If yes, what is the guideline?	Type Text Here						
Clinical (c)								
cHTM-1	Was a blood pressure reading noted at intake?							
cHTM-2	Was the patient seen by an MD/PA/NP within 14 days of illness identification? *14 days for stable patients. Unstable patients or those on multiple medications (4 or more) should be seen sooner.							
cHTM-3	If blood pressure was >140 systolic or >90 diastolic, was a treatment plan initiated within 14 days of identification? *14 days for stable patients. Unstable patients or those on multiple medications (4 or more) should be seen sooner.							
cHTM-4	Was a chronic disease guideline, including baseline laboratory testing, followed?							
Totals:	0	0	0	0	0			
Compliance:								
Patient(s)	**A# (numbers only)**	**cHTM-1**	**cHTM-2**	**cHTM-3**	**cHTM-4**			
1		Select	Select	Select	Select			
2		Select	Select	Select	Select			
3		Select	Select	Select	Select			
4		Select	Select	Select	Select			
5		Select	Select	Select	Select			
6		Select	Select	Select	Select			
7		Select	Select	Select	Select			
8		Select	Select	Select	Select			
9		Select	Select	Select	Select			
10		Select	Select	Select	Select			

SEIZURE DISORDER							
Number of Files Reviewed for Patients Meeting this Criteria:		Select					
Purpose:	To prevent deterioration in function and cost of unnecessary care.						
Source:	Chronic disease registry or MARs.						
Sample:	10 patients with seizure disorder chosen at random, if available.						
Guidelines:							
Remarks:	Type Text Here						
Reviewer:	Type Text Here			**Date Reviewed:**		Select	
Facility (f)							
fSZ-1:	What clinical practice guideline does the facility use to manage seizures?		Type Text Here				
Clinical (c)							
cSZ-1	Was an appropriate neurological history completed at the initial physical examination?						
cSZ-2	Was the patient seen in CCC by mid-level provider or physician within 14 days of illness identification? *14 days for stable patients. Unstable patients or those on multiple medications (4 or more) should be seen sooner.						
cSZ-3	Were serum drug levels performed and acknowledged in the medical record every 3 months until stable, then every 6 months, where indicated?						
cSZ-4	Was a treatment plan established?						
cSZ-5	Are there orders for a bottom bunk?						
Totals:	0	0	0	0	0	0	
Compliance:							
Patient(s)	**A# (numbers only)**	**cSZ-1**	**cSZ-2**	**cSZ-3**	**cSZ-4**	**cSZ-5**	
1		Select	Select	Select	Select	Select	
2		Select	Select	Select	Select	Select	
3		Select	Select	Select	Select	Select	
4		Select	Select	Select	Select	Select	
5		Select	Select	Select	Select	Select	
6		Select	Select	Select	Select	Select	
7		Select	Select	Select	Select	Select	
8		Select	Select	Select	Select	Select	
9		Select	Select	Select	Select	Select	
10		Select	Select	Select	Select	Select	

CONTINUITY OF MEDICATIONS								
Number of Files Reviewed for Patients Meeting this Criteria:		Select						
Purpose:	To assess timeliness of medication, as ordered.							
Source:	Patients with initial intake orders for chronic medications with time urgency, such as HIV medications, Coumadin, psychotropic medication, diabetes medication, or new prescriptions for antibiotics (psychotropic medication must be part of the sample).							
Guidelines:								
Remarks:	Type Text Here							
Reviewer:	Type Text Here		**Date Reviewed:**	Select				
Clinical (c)								
cCM-1	Period of time from completion of intake screening to the ordering of medications less than 24 hours?							
cCM-2	Period of time from order to first dose less than 24 hours?							
Totals:	0	0	0					
Compliance:								
Patient(s)	**A# (numbers only)**	**cCM-1**	**cCM-2**					
1		Select	Select					
2		Select	Select					
3		Select	Select					
4		Select	Select					
5		Select	Select					
6		Select	Select					
7		Select	Select					
8		Select	Select					
9		Select	Select					
10		Select	Select					

DENTAL CARE								
Number of Files Reviewed for Patients Meeting this Criteria:	Select							
Purpose:	To assess compliance with detention standards and continuity of care.							
Source:	Dental sick call list or dental referral log.							
Sample:	10 records (if available) from recent schedule of patients evaluated for a dental complaint, selected for acuity, e.g., on pain medication or antibiotics for toothache.							
Guidelines:	NCCHC 2014 J-A-01, J-E-02, J-E-04, J-E-06; ACA 2004 4-ALDF-4C-20.							
Remarks:	Type Text Here							
Reviewer:	Type Text Here			**Date Reviewed:**	Select			
Clinical (c)								
cDC-1	Was patient screened for symptoms during the intake process?							
cDC-2	Was patient evaluated by a qualified health professional within 48 hours of request?							
cDC-3	Do dental clinical notes describe findings, diagnosis, treatment, and plans?							
cDC-4	Was the patient scheduled for follow-up treatment as recommended?							
Totals:	0	0	0	0	0			
Compliance:								
Patient(s)	**A# (numbers only)**	**cDC-1**	**cDC-2**	**cDC-3**	**cDC-4**			
1		Select	Select	Select	Select			
2		Select	Select	Select	Select			
3		Select	Select	Select	Select			
4		Select	Select	Select	Select			
5		Select	Select	Select	Select			
6		Select	Select	Select	Select			
7		Select	Select	Select	Select			
8		Select	Select	Select	Select			
9		Select	Select	Select	Select			
10		Select	Select	Select	Select			

DIAGNOSTIC SERVICES AND SPECIALTY CARE ACCESS							
Number of Files Reviewed for Patients Meeting this Criteria:		Select					
Purpose:	To assess timeliness of off-site diagnostic services and specialty care.						
Source:	Referrals log, medical records or MedPars.						
Sample:	10 specialty patients (if available) chosen by acuity or risk of harm if access is delayed, particularly in specialties where timely access has been a problem for detainees in this facility.						
Guidelines:	NCCHC 2014 J-D-05; ACA 2004 4-ALDF-4C-06.						
Remarks:	Type Text Here						
Reviewer:	Type Text Here			**Date Reviewed:**		Select	
Clinical (c)							
cDSA-1	Was there a documented time urgency included on the order for specialty care or diagnostic services?						
cDSA-2	Was the appointment accomplished within 45 days of the order or within the ordered timeframe, e.g., “return in 90 days”?						
cDSA-3	Was the patient re-evaluated for deterioration every 30 days until off-site service completed?						
cDSA-4	Did the facility clinician acknowledge the specialist's report in the medical record within 7 days of the date the service was performed?						
Totals:	0		0	0	0	0	
Compliance:							
Patient(s)	**A# (numbers only)**	**Clinic**	**cDSA-1**	**cDSA-2**	**cDSA-3**	**cDSA-4**	
1		Select	Select	Select	Select	Select	
2		Select	Select	Select	Select	Select	
3		Select	Select	Select	Select	Select	
4		Select	Select	Select	Select	Select	
5		Select	Select	Select	Select	Select	
6		Select	Select	Select	Select	Select	
7		Select	Select	Select	Select	Select	
8		Select	Select	Select	Select	Select	
9		Select	Select	Select	Select	Select	
10		Select	Select	Select	Select	Select	

EVALUATION OF CARE PRIOR TO EMERGENCY DEPARTMENT/HOSPITAL VISIT FOR CONDITIONS SENSITIVE TO AMBULATORY CARE

Number of Files Reviewed for Patients Meeting this Criteria:	Select		
Purpose:	To determine whether earlier intervention might have prevented morbidity and cost of outside care. To measure continuity and coordination of care for inbound patients.		
Source:	Emergency Department (ED) logs.		
Sample:	Within the past 6 months, 10 patients (if available) sent to ED with ambulatory sensitive conditions, such as seizure, alcohol and/or substance withdrawal, skin or deep tissue infections, DKA, abdominal pain, or chest pain.		
Guidelines:	NCCHC 2014 J-E-12.		
Remarks:	Type Text Here		
Reviewer:	Type Text Here	**Date Reviewed:**	Select

Clinical (c)

cEED-1	Is there an outbound progress note?
cEED-2	Is there evidence that earlier intervention might have prevented deterioration to the point of need for ED/hospital care? If yes, please describe in the remarks portion of the report.*This will require physician review in some cases. If a physician assists with completion of this review, please include his or her name in the report comments.
cEED-3	Is there discharge documentation from the hospital or ED in the chart?
cEED-4	Is there an inbound assessment?
cEED-5	Does the assessment reflect hospital findings and concurrence or deviation from hospital recommendations?

Totals:	0		0	0	0	0	0	
Compliance:								
Patient(s)	**A# (numbers only)**	**Chief Complaint**	**cEED-1**	**cEED-2**	**cEED-3**	**cEED-4**	**cEED-5**	
1			Select	Select	Select	Select	Select	
2			Select	Select	Select	Select	Select	
3			Select	Select	Select	Select	Select	
4			Select	Select	Select	Select	Select	
5			Select	Select	Select	Select	Select	
6			Select	Select	Select	Select	Select	
7			Select	Select	Select	Select	Select	
8			Select	Select	Select	Select	Select	
9			Select	Select	Select	Select	Select	
10			Select	Select	Select	Select	Select	

COMPLAINTS AND GRIEVANCES							
Number of Files Reviewed for Patients Meeting this Criteria:		Select					
Purpose:	To assess use of medical grievance data as part of the quality management program.						
Source:	Facility grievance logs.						
Sample:	Facility's periodic grievance analyses, with underlying data (grievances and responses). Include no greater than 30 A#'s per grievance category.						
Guidelines:	NCCHC 2014 J-A-06, J-A-11.						
Remarks:	Type Text Here						
Reviewer:	Type Text Here			**Date Reviewed:**	Select		
Facility (f)							
fCG-1:	Does your review of the facility's grievances reveal any possible barriers to care or repetitive concerns that could affect clinical care? If yes, please address in the remarks section whether and how the facility uses this information to implement change.				Select		
fCG-2:	How many medical grievances were submitted over the past 3 months?				Select		
fCG-3:	Of medical grievances submitted over the past three months, how many were appropriately addressed within 5 working days of receipt?				Select		
Clinical (c)							
cCG-1	What is the A# for each of the grievances submitted over the past 3 months for each category in the table below?						
cCG-2	What was the number of grievances submitted, by A#, over the past 3 months for each category in the table below?						
Totals:	0	0	0	0	0	0	0
Patient(s)	**A# (numbers only)**	**Availability of care (sick call hours, etc.)**	**Denial or refusal of specific request(s) for care**	**Delay(s) in care**	**Competency/professional skillset of medical staff**	**Attitude, demeanor or conduct of staff**	**Other**
1		Select	Select	Select	Select	Select	Select
2		Select	Select	Select	Select	Select	Select
3		Select	Select	Select	Select	Select	Select
4		Select	Select	Select	Select	Select	Select
5		Select	Select	Select	Select	Select	Select

Patient(s)	A# (numbers only)	Availability of care (sick call hours, etc.)	Denial or refusal of specific request(s) for care	Delay(s) in care	Competency/professional skillset of medical staff	Attitude, demeanor or conduct of staff	Other
6		Select	Select	Select	Select	Select	Select
7		Select	Select	Select	Select	Select	Select
8		Select	Select	Select	Select	Select	Select
9		Select	Select	Select	Select	Select	Select
10		Select	Select	Select	Select	Select	Select

HEALTH ASSESSMENT							
Number of Files Reviewed for Patients Meeting this Criteria:		Select					
Purpose:	To determine compliance with detention standards to assure continuity and coordination of care for serious medical needs.						
Source:	Detainees arriving during recent period, at least 2 weeks prior to review, to allow for evaluation of timely follow-up.						
Sample:	20 medical records chosen at random.						
Guidelines:	NCCHC 2014 J-E-04; ACA 2004 4-ALDF-4C-24, 4-ALDF-4C-25						
Remarks:	Type Text Here						
Reviewer:	Type Text Here			**Date Reviewed:**	Select		
Clinical (c)							
cHA-1	Initial screen complete within 12 hours of booking?						
cHA-2	PPD placed during medical screening and read within 48-72 hours, or chest x-ray is taken, or if PPD is positive by history, chest x-ray is ordered and read?						
cHA-3	Are detainees who screen positive for mental illness or suicide risk referred for evaluation?						
cHA-4	Is there timely follow-up for significant findings of acute and chronic conditions? *A significant finding is a condition that, without timely intervention, could lead to deterioration in function, pain, death, or risk to the public health.						
cHA-5	Is there a complete health evaluation? Vital signs, adequate medical and behavioral health history, physical examination by licensed MD/PA/NP/RN within 14 days of booking? Patients with HIV, diabetes, dialysis, asthma (on daily meds), and other chronic illness will be seen within 2 business days or addressed by phone and seen on the next business day.						
Totals:	0	0	0	0	0	0	
Compliance:							
Patient(s)	**A# (numbers only)**	**cHA-1**	**cHA-2**	**cHA-3**	**cHA-4**	**cHA-5**	
1		Select	Select	Select	Select	Select	
2		Select	Select	Select	Select	Select	
3		Select	Select	Select	Select	Select	
4		Select	Select	Select	Select	Select	
5		Select	Select	Select	Select	Select	
6		Select	Select	Select	Select	Select	
7		Select	Select	Select	Select	Select	
8		Select	Select	Select	Select	Select	
9		Select	Select	Select	Select	Select	
10		Select	Select	Select	Select	Select	

LABORATORY TESTING							
Number of Files Reviewed for Patients Meeting this Criteria:		Select					
Purpose:	To assess timeliness, continuity, and coordination of care.						
Source:	Medical records, laboratory logs, sick call logs, and/or chronic care logs.						
Sample:	10 orders for labs within the last 6 months (refer to User Guide for additional guidance) , if available.						
Guidelines:							
Remarks:	Type Text Here						
Reviewer:	Type Text Here			**Date Reviewed:**		Select	
Clinical (c)							
cLT-1	Was blood drawn or test done within 1 business day of ordered date?						
cLT-2	Was there a report back within 24 hours, as appropriate, for acute labs or within 7 days for routine labs?						
cLT-3	Was there clinical acknowledgment?						
cLT-4	Was there an appropriate clinical response?						
cLT-5	Was patient advised of laboratory results?						
Totals:	0	0	0	0	0	0	
Compliance:							
Patient(s)	**A# (numbers only)**	**cLT-1**	**cLT-2**	**cLT-3**	**cLT-4**	**cLT-5**	
1		Select	Select	Select	Select	Select	
2		Select	Select	Select	Select	Select	
3		Select	Select	Select	Select	Select	
4		Select	Select	Select	Select	Select	
5		Select	Select	Select	Select	Select	
6		Select	Select	Select	Select	Select	
7		Select	Select	Select	Select	Select	
8		Select	Select	Select	Select	Select	
9		Select	Select	Select	Select	Select	
10		Select	Select	Select	Select	Select	

MEDICATION ADMINISTRATION RECORDS								
Number of Files Reviewed for Patients Meeting this Criteria:	Select							
Purpose:	To assess continuity of ordered care and notification to clinician of poor adherence to medication orders.							
Source:	MARS.							
Sample:	MAR and medical record for 10 patients, if available. Medication refusals and/or no shows are defined as those instances in which a patient refuses medications on 3 consecutive days or for 3 consecutive doses and /or 4 or more doses in a week.							
Guidelines:								
Remarks:	Type Text Here							
Reviewer:	Type Text Here			**Date Reviewed:**	Select			
Facility (f)								
fMAR-1:	Does facility have a policy in place stating which medications, if missed a certain number of consecutive doses, require provider notification and/or follow-up?				Select			
fMAR-2:	Based on review of current month MARs or previous month's MARs, if available, what percentage of MARs that have either blanks, consecutive refusals, or no shows on the MARs?				Select			
fMAR-3:	In the medical record filing area, how many months of MARs are unfiled, not counting unfiled MARs within 14 days of the end of the previous month?				Select			
fMAR-4:	Estimate the percentage of patients on self-administered medication ordered by a provider.				Select			
fMAR-5:	OTCs provided by medical, commissary or both?				Select			
Clinical (c)								
cMAR-1	What is the number of refusals and no shows during the previous month for each patient?							
cMAR-2	Is there documentation in the medical record that the prescribing clinician was notified of consecutive refusals?							
cMAR-3	Was there an appropriate response from the clinician (i.e., was the patient interviewed or was the prescription changed or discontinued?)							
Totals:	0	0	0	0				
Compliance:								
Patient(s)	**A# (numbers only)**	**cMAR-1**	**cMAR-2**	**cMAR-3**				
1		Select	Select	Select				
2		Select	Select	Select				
3		Select	Select	Select				
4		Select	Select	Select				
5		Select	Select	Select				
6		Select	Select	Select				
7		Select	Select	Select				
8		Select	Select	Select				
9		Select	Select	Select				
10		Select	Select	Select				

MEDICAL RECORD-KEEPING PRACTICES

Number of Files Reviewed for Patients Meeting this Criteria:	Select																						
Purpose:	To assess completeness of the medical record and appropriateness of medical record practices.																						
Source:	Medical Records, Chronic Care Log, and MARs																						
Sample:	10 records of detainees with chronic disease, if available																						
Instructions:	For all answers that are "partial compliance" or "non-compliant", the reviewer should insert a comment in the remarks section of the report. For example, if most of the progress notes are legible, but one or two practitioner's notes are barely legible, the appropriate comment would be "Dr. XX's notes are not legible."																						
Guidelines:	NCCHC 2014 J-H-01, J-H-03.																						
Remarks:	Type Text Here																						
Reviewer:	Type Text Here		**Date Reviewed:**	Select																			
Facility (f)																							
fMR-1:	Type of Medical Records?	Select																					
fMR-2:	Name of Electronic Health Record?	Type Text Here																					
Totals:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Compliance:																							

Patient(s)	**A# (numbers only)**	**Identifying information:** Detainee name, ID number, date of birth, gender.	**Current problem list:** Medical and mental health diagnoses and treatments; known allergies.	**Receiving screen and health assessment forms**	**Progress notes:** For all encounters, with documentation of significant findings, diagnoses, treatments, and dispositions, preferably SOAP format.	**Clinician orders for medication are signed**	**MARs:** Placed in record within 2 weeks of previous month	**Lab and diagnostic reports:** Acknowledged and dated.	**Flowsheets**	**Consents for medical care and treatment**	**Signed refusals of care**	**Results of specialty consultations and referrals:** Acknowledged and dated.	**Discharge summaries from ED and hospitalizations**	**Special needs treatment plan, where applicable**	**Immunization records, where applicable**	**Date and time of each encounter**	**Integrated medical, dental and mental health record**	**Timely filing, within 72 hours**	**Consolidated medical record:** Records from prior stays incorporated.	**Content organized for easy retrieval of outside records, pertinent diagnostics, and consultations**	**EHR password protected**	**Integrated health information with EHR, where applicable:** Incorporation of information that arrives on paper into the EHR.
1		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
2		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
3		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
4		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
5		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
6		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
7		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
8		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
9		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
10		Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select

MENTAL HEALTH SCREEN								
Number of Files Reviewed for Patients Meeting this Criteria:	Select							
Purpose:	To assess conformance with nationally-accepted guidelines for mental health evaluation.							
Source:	Intake screens of detainees, mental health referral logs, mental health caseload.							
Sample:	10 randomly selected intake screens with positive mental health screens, if available.							
Guidelines:								
Remarks:	Type Text Here							
Reviewer:	Type Text Here		**Date Reviewed:**	Select				
Clinical (c)								
cMHS-1	Are detainees with positive screens for mental illness evaluated by mental health professionals in a timely manner (emergent = immediately; urgent = within 24 hours; routine = within 7 days)? *14 days for stable patients. Unstable patients or those on multiple medications (4 or more) should be seen sooner.							
Totals:	0	0						
Compliance:								
Patient(s)	**A# (numbers only)**	**cMHS-1**						
1		Select						
2		Select						
3		Select						
4		Select						
5		Select						
6		Select						
7		Select						
8		Select						
9		Select						
10		Select						

MENTAL HEALTH TREATMENT PLANNING								
Number of Files Reviewed for Patients Meeting this Criteria:		Select						
Purpose:	To conform with detention standards for mental health intervention, consistent with nationally-accepted clinical guidelines (NCCHC).							
Source:	Patients on mental health caseload, including all patients on psychotropic medication.							
Sample:	10 patients selected from mental health caseload log or MARs, currently or recently in custody, if available.							
Guidelines:	NCCHC 2014 J-G-04 (Item 2)							
Remarks:	Type Text Here							
Reviewer:	Type Text Here		**Date Reviewed:**	Select				
Clinical (c)								
cMHT-1	Is a clinical assessment, treatment, and follow-up plan documented?							
cMHT-2	Are treatment plans updated at a minimum of every 90 days?							
Totals:	0	0	0					
Compliance:								
Patient(s)	**A# (numbers only)**	**cMHT-1**	**cMHT-2**					
1		Select	Select					
2		Select	Select					
3		Select	Select					
4		Select	Select					
5		Select	Select					
6		Select	Select					
7		Select	Select					
8		Select	Select					
9		Select	Select					
10		Select	Select					

PREGNANT WOMEN							
Number of Files Reviewed for Patients Meeting this Criteria:		Select					
Purpose:	To determine compliance with detention standards and continuity and coordination of care.						
Source:	Current census of pregnant detainees or pregnant detainees in custody in the last 6 months.						
Sample:	10 pregnant detainees, if available.						
Guidelines:	NCCHC 2014 J-G-09; ACA 2004 4-ALDF-4C-13.						
Remarks:	Type Text Here						
Reviewer:	Type Text Here			**Date Reviewed:**		Select	
Facility (f)							
fPG-1:	Does the facility perform a pregnancy test on females aged 10 to 56 during intake screening?				Select		
Clinical (c)							
cPG-1	Was a pregnancy test performed prior to x-ray or before initiation of any medications?						
cPG-2	Was an OB/GYN consult ordered for each pregnant patient with 7 days of pregnancy confirmation?						
cPG-3	Was the pregnant patient seen by OB/GYN within 30 days of pregnancy confirmation?						
cPG-4	Was the pregnant patient screened for HIV, STI and viral hepatitis?						
cPG-5	Were prenatal vitamins prescribed?						
Totals:	0	0	0	0	0	0	
Compliance:							
Patient(s)	**A# (numbers only)**	**cPG-1**	**cPG-2**	**cPG-3**	**cPG-4**	**cPG-5**	
1		Select	Select	Select	Select	Select	
2		Select	Select	Select	Select	Select	
3		Select	Select	Select	Select	Select	
4		Select	Select	Select	Select	Select	
5		Select	Select	Select	Select	Select	
6		Select	Select	Select	Select	Select	
7		Select	Select	Select	Select	Select	
8		Select	Select	Select	Select	Select	
9		Select	Select	Select	Select	Select	
10		Select	Select	Select	Select	Select	

SUICIDE SCREENING							
Number of Files Reviewed for Patients Meeting this Criteria:	Select						
Purpose:	To assess conformance with nationally-accepted guidelines for suicide risk assessment and prevention.						
Source:	Patients on suicide watch or hospitalized for suicidality within the last 3 months or since the most recent review.						
Sample:	Medical records for 10 patients (if available) placed on suicide watch or hospitalized for suicidality within the last 3 months or since the most recent review.						
Guidelines:	NCCHC 2014 J-G-05; ACA 2004 4-ALDF-4C-32						
Remarks:	Type Text Here						
Reviewer:	Type Text Here		**Date Reviewed:**	Select			
Facility (f)							
fSS-1:	What is the total number of patients placed on suicide watch or hospitalized for suicidality within the last 3 months or since the most recent review?			Select			
fSS-2:	Does the facility use an acceptable suicide risk management screening instrument, including at a minimum, asking for a history of suicide attempts and for current suicidal ideation?			Select			
fSS-3:	Are all screeners and all staff in direct contact with detainees trained to assess suicide risk (see training logs)?			Select			
Clinical (c)							
cSS-1	What type of monitoring was practiced while the patient was on suicide watch?						
cSS-2	Were checks documented consistently?						
cSS-3	Was the suicidal patient evaluated by a mental health professional within 24 hours of identification?						
cSS-4	Was the patient evaluated by a qualified mental health professional daily while on suicide watch?						
cSS-5	Is there evidence that earlier intervention might have prevented deterioration to the point of need for a suicide watch? If yes, please describe in the remarks section.						
Totals:	0		0	0	0	0	
Compliance:							
Patient(s)	**A# (numbers only)**	**cSS-1**	**cSS-2**	**cSS-3**	**cSS-4**	**cSS-5**	
1		Select	Select	Select	Select	Select	
2		Select	Select	Select	Select	Select	
3		Select	Select	Select	Select	Select	
4		Select	Select	Select	Select	Select	
5		Select	Select	Select	Select	Select	
6		Select	Select	Select	Select	Select	
7		Select	Select	Select	Select	Select	
8		Select	Select	Select	Select	Select	
9		Select	Select	Select	Select	Select	
10		Select	Select	Select	Select	Select	

TREATMENT OF DISABILITY							
Number of Files Reviewed for Patients Meeting this Criteria:		Select					
Purpose:	To assess the care of patients with disabilities who need accommodations to access the facility's programs or activities as a result of their disabilities.						
Source:	Facility logs, tour of facility, list of patients who require DME (to include walkers, canes, wheel chairs, hearing aids, or other items to assist the patients to access the facility's programs and activities), and interviews with patients with disabilities who need accommodations to access the facility's programs and						
Sample:	10 patients (if available) within the population who have a disability that requires medical involvement. Determine if the patients with disabilities received appropriate treatment and disability accommodations through medical record examination.						
Guidelines:	NCCHC J-G-02.						
Remarks:	Type Text Here						
Reviewer:	Type Text Here			**Date Reviewed:**	Select		
Facility (f)							
fTD-1:	Does the facility maintain a current list of all patients with disabilities on site?				Select		
Clinical (c)							
cTD-1	Is the disability prominently noted in the file, along with any needed accommodations?						
cTD-2	Was the patient assessed for assistance with activities of daily living (ADL) upon identification of disability?						
cTD-3	Were appropriate accommodation orders entered (e.g., lower bunk, mobility device (wheelchair, walker, canes, crutches), hearing aid, assistive listening device, sign language interpreter, meal, etc.)?						
cTD-4	Was ADL assistance provided, if applicable?						
Totals:	0	0	0	0	0		
Compliance:							
Patient(s)	**A# (numbers only)**	**cTD-1**	**cTD-2**	**cTD-3**	**cTD-4**		
1		Select	Select	Select	Select		
2		Select	Select	Select	Select		
3		Select	Select	Select	Select		
4		Select	Select	Select	Select		
5		Select	Select	Select	Select		
6		Select	Select	Select	Select		
7		Select	Select	Select	Select		
8		Select	Select	Select	Select		
9		Select	Select	Select	Select		
10		Select	Select	Select	Select		

URGENT CARE (SICK CALL)								
Number of Files Reviewed for Patients Meeting this Criteria:	Select							
Purpose:	To assess for timely and appropriate nursing care for acute conditions.							
Source:	Urgent care log, sick call request list, or sick call visit list, preferably with reason for visit noted on log.							
Sample:	10 urgent care visits for detainees with potentially serious complaints that occurred 1 to 3 weeks prior to review, if available. Common potentially serious complaints include chest pain, abdominal pain, seizure, vomiting, skin infection, diabetic complications, etc.							
Guidelines:	NCCHC 2014 J-A-01, J-E-07; ACA 2004 4-ALDF-4C-03, 4-ALDF-4D-03.							
Remarks:	Type Text Here							
Reviewer:	Type Text Here				**Date Reviewed:**	Select		
Clinical (c)								
cUC-1	Was there timely and appropriate evaluation by nursing staff, depending on the nature of the complaint?							
cUC-2	Was care delivered within the scope of the nurse's license?							
cUC-3	Were vital signs documented during the nurse's assessment?							
cUC-4	If necessary, was a nursing referral to an MD/PA/NP/DMD submitted within 24 hours where appropriate?							
cUC-5	If referred, was an MD/PA/NP/DMD assessment and plan documented?							
Totals:	0		0	0	0	0	0	
Compliance:								
Patient(s)	**A# (numbers only)**	**Chief Complaint**	**cUC-1**	**cUC-2**	**cUC-3**	**cUC-4**	**cUC-5**	
1			Select	Select	Select	Select	Select	
2			Select	Select	Select	Select	Select	
3			Select	Select	Select	Select	Select	
4			Select	Select	Select	Select	Select	
5			Select	Select	Select	Select	Select	
6			Select	Select	Select	Select	Select	
7			Select	Select	Select	Select	Select	
8			Select	Select	Select	Select	Select	
9			Select	Select	Select	Select	Select	
10			Select	Select	Select	Select	Select	

ATTACHMENT 9

ICE Health Service Corps

Incident Reporting Document

The information placed on this form is confidential and privileged IAW 42 U.S.C. 11137. **UNAUTHORIZED DISCLOSURE CARRIES A FINE UP TO 20,000.** DO NOT FILE OR REFER TO THIS FORM IN PATIENT RECORD. REPORT EVENT TO SUPERVISOR/DEPARTMENT CHIEF IMMEDIATELY. Email completed to: DIHSHQINCIDENTS@dhs.gov This Form must be completed electronically.

1. Date of Event: _____ 2. Time of Event: _____ 3. Name of Facility: _____

4. Age: _____ 5. Gender: Female 6. (State in block # 16): ☐ Detainee ☐ Visitor ☐ Staff ☐ Other

7. Attending Medical Provider: _____ 8. Location of Event: _____

9. Diagnosis (Medical/Psychiatric if any): _____ 10. Work Related: ☐ Yes ☐ No

11. Weapons Involved: ☐ Yes ☐ No 12. Witnesses: ☐ Yes ☐ No 12a. Name of Witness: _____

13. Type of Incident/Ocurrence:

☐ Adverse Drug Reaction	☐ Equipment	☐ Injury	☐ Pharmacy	☐ Property Loss or Damage
☐ Airborne Exposure	☐ Escape	☐ Medication (to include IV)		☐ Suicide/Suicide Attempt
☐ Bloodborne Exposure	☐ Fall/Discovered on Floor	☐ Medication Administration		☐ Other (Explain in narrative block # 16)

14. Condition After Occurrence (Check one box only):

☐ No Apparent Effect	☐ Minor Injury or Effect	☐ Significant Injury or Effect	☐ Death or Loss of Function
			☐ Other (Explain in narrative block # 16)

15. Action Taken

Yes	No		Yes	No		Yes	No	
☐	☐	Medical Provider Notified	☐	☐	Laboratory Tests Ordered/Taken	☐	☐	Infection Control Precautions Taken (Explain type of precaution in narrative block # 16)
☐	☐	Did Medical Provider See Patient	☐	☐	Reported to Supervisor/ Department Chief	☐	☐	Other (Explain in narrative block # 16)
☐	☐	X-Rays Ordered/Taken	☐	☐	Transported to Other Health Care Facility			

16. Description of Event (Concise, Factual, Objective Statements), Include Location of Event:

17. Immediate Intervention (If more space is needed, use a blank sheet of paper for continuation):

Name, Grade, Title of Individual Completing Form (Print) _____ Signature _____ Date of Report

For HQ Use Only:

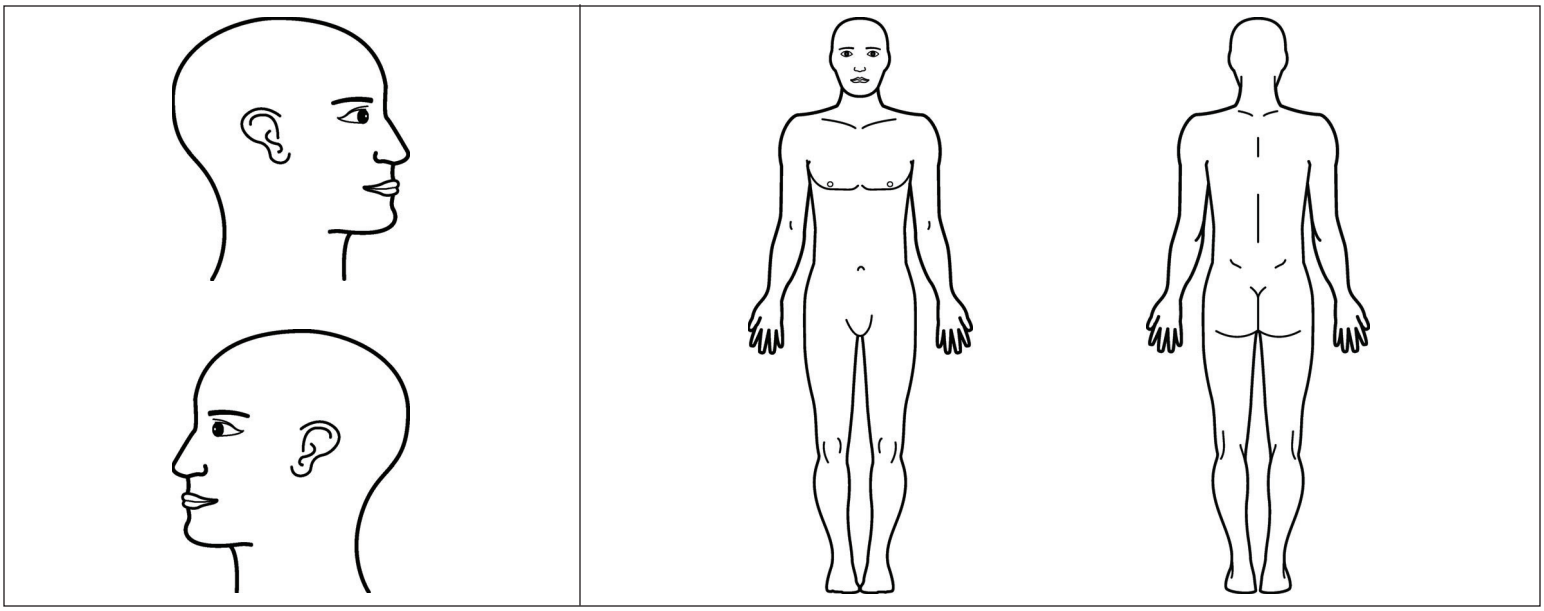
21. Log Number: _____ 22. Further Analysis Indicated: ☐ Yes ☐ No

Last Name: X	First Name: X
A#: X	Country of Origin: X
Date of Camp Arrival (DCA): 12/02/2019	DOB: 01/01/1999
Medical Clinic: X	Sex: Female

ICE Health Service Corps

Incident Reporting Document (Continued)

22. Body Diagram:



23. Evaluation: (Concise Objective Statements e.g., Practice/Procedure variance involving staff. Include other possible contributing factors, etc. and suggested improvement measure if any):

HSA: Date: _____

Medical Director: Date: _____

Performance Improvement Committee: Date: _____

Last Name: X	First Name: X
A#: X	Country of Origin: X
Date of Camp Arrival (DCA): 12/02/2019	DOB: 01/01/1999
Medical Clinic: X	Sex: Female

ATTACHMENT 10

Req ID #	Requirement Statement	Functionality	Revised Statement	Comment/Interpretation and Clarifications Required	Verification	Status (OPEN/CLOSED)	Status Comment (See NOTE Column E detail)	Target IOC Target FOC N/A	Testing Types
1.0	**1.0 GENERAL REQUIREMENTS**	**1.0 GENERAL REQUIREMENTS**							
QR 1.0.1	Support the applicable directives of the National Information data Electronic Health Record and support exchange of information as dictated by the Office of the National Coordinator of Health Information Technology (ONC-HIT), Department of Health and Human Services (DHHS). Addresses compliance in a management approach.	1.0 GENERAL REQUIREMENTS							
QR 1.0.2	Must define certification from a HIT certifying body recognized by ONC-HIT supporting compliance with Health Information Technology Standards Panel (HITSP) and Health Information Exchange (HIE) standards	1.0 GENERAL REQUIREMENTS							
QR 1.0.3	Manage the Care Providers to Veterans while in custody at immigration and Customs Enforcement Facilities meeting all "meaningful use" Healthcare quality initiatives set for in the High Tech Act, the American Recovery and Reinvestment Act (ARRA), and the Affordable Healthcare Act.	1.0 GENERAL REQUIREMENTS							
QR 1.0.4	Utilizes medical industry standards for orders, encounters, clinical coding, lab results, medical documentation and medical decision support for all systems and subsystems	1.0 GENERAL REQUIREMENTS							
QR 1.0.5	Meet specialized requirements of a non-technical end-connect applying advanced technology to streamline medical processing of detainees.	1.0 GENERAL REQUIREMENTS							
QR 1.0.6	Support Efficiency, Risk Management and Quality Assurance and Compliance in all systems deployments of all policies and standards in the ICE healthcare delivery system.	1.0 GENERAL REQUIREMENTS							
QR 1.0.7	Assume all systems (clear) identify all entries that are part of the medical record at the point of entry to differentiate from parts not part of the medical record. User's must have a clear indication of what entries are part of the medical record and not.	1.0 GENERAL REQUIREMENTS							
QR 1.0.8	All solutions (systems and sub-systems) deployed to support the EHR IS shall be integrated to support use of all sub-systems in a seamless manner (single sign on, mirrored data and task based security, maintenance availability, embedded links to other applications, etc.) such that there is only 1 medical record not seen whenever no duplicate records or medical information in separate records).	1.0 GENERAL REQUIREMENTS							
QR 1.0.9	All solutions (systems and sub-systems) deployed to support the EHR IS shall meet the same security processes set for in the Electronic Medical Record system.	1.0 GENERAL REQUIREMENTS							
QR 1.0.10	All solutions (systems and sub-systems) deployed to support the EHR requirements must support data analysis and reporting across all subsystems and data obtained through interfaces	1.0 GENERAL REQUIREMENTS							
QR 1.0.11	All solutions (systems and sub-systems) deployed to support the EHR requirements must support single sign-on capability to prevent users from logging into separate systems for any task.	1.0 GENERAL REQUIREMENTS							
QR 1.0.12	Support sequence of exchange of information to ensure continuity of information to support the availability of complete medical records throughout the sites that are using the full capability of the EHR IS	1.0 GENERAL REQUIREMENTS							
QR 1.0.13	Provide a comprehensive testing capability for all systems and subsystems for Test sites to use the system during development to provide feedback to system managers (configuration, etc).	1.0 GENERAL REQUIREMENTS							
QR 1.0.14	Provide comprehensive logs for auditing purposes for all systems and subsystems, include all times, dates, creations, modifications, etc for every entry in the eHIS). for field sites to use the system during development to provide feedback to system managers (configuration, etc).	1.0 GENERAL REQUIREMENTS							
QR 1.0.15	All systems must work together to ensure there is no additional medical risks occur in the transfer of information between systems.	1.0 GENERAL REQUIREMENTS							
1.1	**1.1 CORE - CLINIC SUPPORT**	**1.1 CORE - CLINIC SUPPORT**							
QR 1.1	**General Requirements (GR) for the Clinic Support Core Module(s)**	**1.1 CORE - CLINIC SUPPORT**							
QR 1.1.1	Must provide comprehensive Graphical User Interface supportive of clinical (medical, mental health, dental) processes that provide all required information for each decision that will take place from that screen.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.2	Apply a time stamp and user identification on each entry to lock the content and prevent the editing of the content after entry (editing and auditing processes) to maintain the legal integrity of the medical record	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.3	Provide the ability to identify specific functions to be signed at the end of each entry once the documentation is complete based on user roles or specific user (to support oversight of inexperienced staff)	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.4	Provide the ability to establish a standard (text) shell entry for all documentation to be finalized.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.5	Provide the ability for individuals to "correct or change (has" own orders after completion, locking, and digital signature. Show changes with a date and time stamp with changes, as an addendum, marking the original entry with strikethrough and highlighting the additions to the note for all users that view the medical record.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.6	Provide the ability to add an addendum to an encounter highlighting what was added and the date/time and user adding the addendum.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.7	Require all changes to prompt for a reason for the change to the documentation (error, wrong patient, duplicate).	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.8	Record all access (view, edit, change) to any medical record by individual, role, date, time and provide the ability to view the history of the access.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.9	Provide role-based security based on staff type, Clinical Director, Psychiatrist, Physician, Health Services Administrator, Psychiatrist, Psychologist, Social Worker, Mental Health Therapy, Nurse Practitioner, Physician Assistant, Registered Nurse, Licensed Vocational Nurse, Certified Nursing Assistant, Medical Records, Administrative Assistant, Pharmacist, Pharmacy Technician, Dentist, Dental Assistant, and Hygienist.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.10	Provide the ability to add roles to the role-based security positions that are specific to ICE Health Service Corps (IHSC) operations where individuals user types can be granted access to each capability available in the system based on their user capabilities must be in addition to the capabilities of the roles they are from the standard roles within the industry as indicated in QR 1.0.8. Currently, there non-standard roles include Infection Control Officer, Case Manager, Managed Care, Regional Medical Director, Regional Health Services Administrator, and Regional Dental Consultant	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.11	Provide the ability for organizational leaders/ship to define the activities that must be completed by specific staff types at the individual task level. Allow facilities to be more restrictive than the established role-based security at the individual task level based on scope of practice, licensing, education and experience. Must customize (allow or deny) various activities based on local policy. Shall be configurable by facility as the rules for user login and assignments will vary between facilities.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.12	Provide the ability for individuals holding key positions (HSAs, CDs, On call Providers) to designate other individuals who cover services tasks to effectively cover for another individual when unavailable.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.13	Provide the ability to reference shall sign by talent by another individual or another process in current documentation to allow reference in current progress note.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.14	Prevent duplication of work of any data during the ongoing major business processes that are already in the system to include: recent vital signs, diagnoses, procedures, interventions, orders, admissions/discharges, or other specific actions in the system.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.15	Provide the ability to collect Nursing Minimum Data Set. http://www.nursing.umn.edu/NCMP/UNIVERSE/Default.htm	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.16	Provides scanning, of paper documents into the medical record with streamlined attachment to the correct medical record utilizing technology to prevent posting medical information to the incorrect medical record (Examples: printed labels or order sheets with digital recognition through scanning)	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.17	Provide the ability to review each scan to validate the accuracy and completeness and move the scan to the appropriate record if accidentally posted to the wrong medical record.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.18	Assume each scanned document can be indexed by service pre-enters = data data to include the type of document, date of entry, date of document, completeness of the document (additional information pending) and additional data data.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.19	Ensure each scanned document is incorporated into the flow of the full medical record based on the type of document, date of entry, or date of document indicating whether or not there are more documents pending.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.20	Paper records are created on a single detainee, specified users must have the ability to combine detainee medical records.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.21	If the combine function was in error, must be able to revert back to separate records with the ability to expunge each item added once the merge into their respective medical record.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.23	Provides users access to all medical record information in chronological view with the ability to progress through the full medical record (including scanned images) presenting all information available in the medical record in a single view that records chronologically.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.24	Provide the ability to view (in chronological list of by subsection of the medical record or category of medical information (lab tests, blood sugars, etc).	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.25	Provide the ability to change the order of the full medical record or subsection view based on all available parameters.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.26	Provides the ability to add fields, additional questions, (to a standard tool), data categories without modifying previous data recorded in the medical record.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.27	Provides the ability track the Functions and Decision Support (Workflow, Alerts, Queries, Reports) that are impacted by any change in the configuration given to the users to modify	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.28	After functions, questions or decision support (Workflow, Alerts, Queries, Reports) are changed through configuration, provide the ability to differentiate data required at the time the data was collected versus changes that occurred after the date the documentation was entered.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.29	Provide the ability to retain all historical data that was used in clinical assessment to support any clinical decision at the time the decision was used. (Example: High risk ranges were different at the time of a previous clinical decision).	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.30	Provide appropriate compliance analysis of performance of the application per screen and complete business processes.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.31	Provide appropriate design and safeguards to prevent the performance of system from degrading with high utilization, increase in patient data and addition of sites	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.32	Provide the ability to receive, post and read medical images (Pictures, X-Rays) for dead-end observer, dermatology and EKR from various Watchwell devices for incorporation in the full medical record. It is acceptable to provide a link in the image through interoperability with a lower quality representation of the image and an appropriate annotation that the original image is stored in another location or system.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.33	Provide the ability to receive, post and read results from medical diagnostic equipment that have the capability to download results directly into the EHR (vital signs monitor, ophthalmology set, etc.)	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.34	Provide a digital signature solution for all types of consent for treatment (Initial consents, treatment plans, psychotropic medications, all refusals, patient histories, treatment plans, do not resuscitate) at all points of care (mental screening, suicide, pill line, encounters, SBU, Tele-Radiology, differentials).	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.35	Provide the ability to document consents or refusals of any kind during all points of care (on-line and offline/remote) with specific focus on pill line, lab draws, encounters, immunizations and special monitoring with electronic signatures.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.36	Provide the ability for the detainee signing a consent or refusal electronically to review the entire document that is being signed (general consent or refusal, consent for psychotropic medications, consent for dental procedures, refusal of mental evaluations, treatment plans, pre-consent, treatment plan, mental health treatment plans) such that detainees are able to see the document they signed with the electronic signature placed on the document.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.37	Provide the ability for the nurse to defer to a refusal to another individual (nurse level, provider level, CO) based on demand (not available, lying to clinic, address language barrier through translator, provider level education required).	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							
QR 1.1.38	Provides the ability to defer or refusal signature if a detainee is not available to sign or the provider recommends the detainee discuss the refusal with the primary provider.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Core Module)							

QR.1.1.39	Provide the ability to tum at detainee refusals with a status of whether or not a refusal signature was obtained.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.40	Provide the ability to present consent forms in various language(s) (May have closeouts confusing paperwork_ID_ language form) with the ability to document an interpreter identification number if used.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.41	Provide the ability to violate an interpreter identification number of an any document or consent where an interpreter was used.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.42	Provide an opportunity for two witnesses to sign on each electronic document and allow initial entry of a witness and the ability to quickly correct the name after initial entry (correctional or ICE detention officers)	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.43	Provide the ability for a non-EHR user to provide and sign their name if signing as a witness at the point of care.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.44	Provide the ability select from a drop down list of non-EHR users that have previously signed as a witness for easy selection for future signatures.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.45	Provide the ability to identify specific default EHR users or groups for individual processes.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.46	Provide the ability to identify specific default Non-EHR users for individual processes (signature witness)	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.47	After sig-nature, place the physical electronic signature on the document that is signed by the detainee or witness and place in the medical record per industry standard signature requirements.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.48	Provide the ability to sign consents and refusals at all healthcare delivery locations (TBI crew in Solo Cell or clifferentials mode).	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.49	Support collection of biometrics of the detainee tum-by signature to improve the validation that the individual signed the form.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.50	Provide the ability to inform patients their medical health, dental history, dental treatment plans, nursing care plans and other treatment plans customized for each individual patient showing the detainee the complete treatment and apply e-sig-nature to the document for the patient to acknowledge their customized plan of care.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.51	Provide the ability to print individual or several labels on a single patient for use in labeling medication bags, special equipment for transport, and other medical documentation for detainees. Prevent interchangeability between Patient Identification labels and all other labels that are passed later for medical processes (Examples: Medical Supply, Laboratory Bags, Medications)	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.52	For common tasks requiring Medical Supply labels (Providers with medications, intake screening, transfers with equipment), allow users to a print a single label for detainees at all work areas (nurse station, Cadre work cell)	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.53	Provide the ability to print out well-common patient education statements to the detainee in the language.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.54	Provide the ability for the provider to be prompted to determine if a translator is required. When required, mandate that a translator number is entered by the user.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.55	Provide the ability to configure system to collect answers to a defined list of questions required for various conditions and consented be throughout the detention stay (facility-en-mal-treats, physical wean, chronic conditions, mental health, dental).	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.56	Provide the ability to develop several lists of questions grouped in various chapters (Intake Screening, Problems, Short Call, Mental Health Intake, Dental Intake) that would require the user document the responses by selecting from a standardized list of possible answers to the questions as indicated in medical and mental health practice to reduce or eliminate free-text entries.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.57	Provide the ability to link answers to defined questions to invoke Clinical Decision Support (HIEE) 4.3.01a.1.03, Rewards, Queries, Alerts, Workflows and, Advanced Clinical Decision Support per both 3.3.3 Clinical Decision Support and 4.3.01a.1.03 Clinical Decision Support	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.58	Provide the ability to complete clinical intervals documentation (nurse office, worksite entry/exams), where access to the network may be unavailable.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.59	Provide the ability to select from common answers or responses using mouse, keyboard and touch screen.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.60	Provide a comprehensive view of each set of questions and answers that includes the individual answers and the additional information entered by the provider (text).	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.61	Provide the ability to reverse all "other" text entries (where allowed) to consider adding a standard answer or answers for the question to eliminate future text entries	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.62	Provide the ability to prompt to answer each individual question sequentially with one click automatically prompting for an answer to the next question.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.63	Provide the ability to indicate all negative responses to a set of questions with a prompt to validate that all questions were asked individually to meet standards of accrediting bodies.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.64	Provide the ability to easily view and print a complete medical record ensuring providers can easily access all medical information available on the patient in chronological order without having to click or use separate screens to scroll/jump through the chart.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.65	Provide the ability to produce a paper version of the medical record based on the design of the paper record for consistency of documentation, training, and contingency planning.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.66	Provides a historical list of encounters viewable on a configurable screen for quick review of historical encounters without any additional mouse clicks.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.67	Supports the use of algorithmic evidence based medicine guidelines and standards at all points of care as references in 1.3.1 of the Work Breakdown Structure, Clinical Decision Support.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.68	Provides the ability to collect the information required by the selected algorithmic evidence based clinical guidelines selected.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.69	Provide the ability to require users to apply of specific decision support prior to proceeding to the next step.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.70	Provide medical terminology spell check at anytime within the EHR system.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.71	Provide the ability to allow one of the approved abbreviations per ICE/A policy and compliance with accrediting, body standards.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.72	Provide a baseline set of "do-leys" applicable to the medical industry that each set is of fed text in the medical record to prevent the inclusion of prohibited abbreviations in the medical record per ICE/A policy	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.73	Provide the ability to use smart keys that enter all ful information based on entering partial information (abbreviations, codes for common medical terminology, etc) during documentation process at all points of care.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.74	Provide the ability for additional full keys to be enter to the existing full keys as approved by ICE/A.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.75	Provide ability for providers (based on role based user rights) to add, remove and change an and be problem list (drag-leaves) on a detainee during all patient encounters.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.76	Provide the ability to document several allergies at a single screen during all processes and at all points of care.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.77	Provide a patient summary screen with flaming-sights and custody information (side-headers, security-head, and detailed medical information: all conditions (current and historical), past encounters, future appointments, medication (active and historical), major milestones (physical exam), on a single screen.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.78	Show the problem list (diagnoses) are presented to all providers on all screens for consideration throughout patient care.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.79	Ensure the complete diagnosis history (current and historical) is visible to all EHR users.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.80	Provide the ability to identify individuals that do not have allergies (No Known Allergies) after completion of the initial encounter at the facility that will no longer present when an allergy is entered by an EHR user.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.81	Presents allergy information to all providers on all screens at all points of care for consideration by all providers.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.82	Identifies all data collected as a part of the medical record to indicated to the user is separate from any non-medical record information such that all users are aware whether the information entered is included in the medical record.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.83	Provide the ability to allow individual fields to be identified as mandatory fields and present null values when necessary for all detainees.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.84	Provide the ability to use drop downs with hot keys for standard responses available to allow for responses to be selected with single keystroke.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.85	Support use of mouse, keyboard or touch screens for all entries depending on the preference of the user.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.86	Provide the ability to setup terminology definitions for users to access during workflow. Must allow continuous updating from management module and maintain a history of changes over time.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.87	Provide the ability to create bar coded identification wristbands with photographic and demographic information to be issued to each detainee that will be used for validating identity during medication administration and keep on person distributions. Wristbands must be longer-resistant and sturdy enough to handle detention wear. If deemed cost effective, issue wristbands for all detainees upon arrival that can be used and will not need to be removed until released.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
QR.1.1.88	NI: EHR IS sub-systems must collectively share the same identification process to include bar code identification and bands at-exercise access the correct medical record.	1.1 CORE - CLINIC SUPPORT (General Requirements (GR) for the Clinic Support Care Module)							
	Equipment	**1.1 CORE - CLINIC SUPPORT**							
QR.1.1.89	Provide equipment for specified locations, examples, clinic name, remote clinic name, non-dedicated shared remote rooms, portables/flowed remote services, to support the use of all point of care capabilities of the EHR system.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.90	All point of care devices must prevent penetration of any substances (liquid, fluids or solids) to specifically prevent transfer of bodily fluids and other medical substances.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.91	Each point of care device must support being cleaned with varying liquid, spray-sank disposable bleed disinfectant products without harming any aspect of the machine (screen, keyboard, mouse, docking station).	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.92	Ensure all equipment meet all requirements of medical devices that apply to the use of equipment on a patient to provide patient care.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.93	Provide equipment and application design to support for different remote access for areas where care is provided outside of clinic (intake, exce-call in pods, pill call in pods, live, phone, etc.,) and is deemed flexible for different remote use.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.94	Provide hardware to support download and continued documentation in the medical record that will sync upon return to network access.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.95	Provide specialized mobile platform hardware to ensure secure use of electronics in remote areas of un-technical facilities.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.96	Provide durable "rocket" platform hardware with adequate storage capability and/or access to support different remote use of the systems to support (at) how to document the delivery of medication, general medical record inserts and follow-up action that may be required as a result of a patient interaction (referral to medical exa-call follow-up, claim-reads by a detainee that needs review.)	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.97	Provide equipment to secure the platform hardware to prevent an unauthorized individual from taking the device from its location.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.98	Provide the ability to authenticate the user documenting the user that took the device and the date time removed and returned.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.99	Provide platform/devices suitable for use in a remote capacity to support medical operations at ICE investigation worksite enforcement efforts, continuing care provider during evacuation of a facility and to support review and documentation of the care provided while in flight.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.100	For all platform/devices with battery capability for use in differentiende periods, provide the ability hot-swap batteries while the equipment is in operation without powering it down.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.101	Provide high volume scanners (>200 pages per run) to expedite the scanning and information in-bulk for action at a later time for-bugh workflow.	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.102	Provides the ability index information at the time of scan to be used by EHR to prompt placement in the proper medical record	1.1 CORE - CLINIC SUPPORT (Equipment)							
QR.1.1.103	Provide scanning and technology that uses appropriate technology to expedite printing of information into the appropriate chart (digital cover pages or labeling of each page with bar coding- read by the scanning device.)	1.1 CORE - CLINIC SUPPORT (Equipment)							

UR-1.1.104	Provide the ability for users to reset their password through email validation using a designated email system without an administrator.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.105	Ensure all times for the EHR/S should support 24 hour format (example: 23:59)	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.106	Provide hardware required to capture signatures for the collection of a signature at any time for consent or refusal.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.107	Automated ad-hoc/possible consent or refusal with appropriate detail based on the item that is being refused to include but not limited to: medication name, general care, intake screening, encounter and allow the user to select an alternative reason.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.108	Supports the placement of the signature field(s) on the document that the individual reviews to ensure the detainee can see the placement of the signature on the document they are signing.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.109	Provide the use of biometric devices (fingerprint scan) to manage access to the system and expedite the entry into the medical record.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.110	Supports use of the same biometric device to allows capture of a detainee fingerprint as a part of their signature on consent, refusals and care plan confirmation.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.111	Provides printers until individual dispenser starts to ask in placing on properly being told to a specific dispenser (example: medication trays for transport, wheelchairs)	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.112	Provide capability to changes the print quality based on the type of document.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.113	Provide the ability to print to devices for information who is offline/remotes mode while using the available platform/device.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.114	Provide the ability to query bulk orders (volume, records, etc.) over any user(s) in the medical record	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.115	Provide the ability to identify patients using all available resources for identification (examples: wristbands, NFID, unique picture, biometrics) during all points of care to ensure the two forms of ID is used on all patient interactions.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.116	Provide the ability to scan as a searcher/patient record using the available resources for identification.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.117	Require all data entered into the EHR system to be discrete data fields unless free text is the only way to provide adequate documentation.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.118	Use discrete data fields to the maximum extend across the entire EHR system minimizing the use of an "other" response when free text is necessary. Allow the addition of common responses to eliminate the use of free text over time.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.119	Provide computerized drug storage cabinets (ADCAs) devices that allow medications to be stored and dispensed near the point of care, while controlling and tracking drug distribution and ADC inventory (with the stock control done by the Pharmacist and Pharmacy system). ADC systems must be limited to the EHR to support vital medications (for after hours medications, short stay unit medications and vital medication orders) by providing access to a single compartment (stocked after pharmacist validation) for the medications to ensure the correct medication is administered. Inventory management capability should ensure full accountability is maintained.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.120	Provide Automated Medication Packaging Systems (AMPS) defined as computerized devices that package and label medications for dispensing. These devices package strip/ vial medications in single-unit, unit-dose, and multi-dose packets. Automation packaging and dispensing systems enable the organization to implement medication processes that improve patient safety by packaging medications and providing access to medications that ensure the 5 "Rs" (patient, drug/s, route, regimen, time) of medication administration reducing the medication error rate. In addition, these systems have been shown to reduce waste and diversion of medications, which in turn translates into cost savings.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.121	Provide the ability to reconcile the inventory of medication within ADC, AMPS and the Pharmacy inventory on a recurring basis, complete the count and submit documentation for inspection.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.122	Provide Automated Medication Packaging Systems (AMPS) that have a strong interface with the EHR system to accept medication orders from providers and nursing and fill the orders by packaging each medication with unit dose	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.123	Provide Automated Medication Packaging Systems (AMPS) that have a strong interface with the EHR system to accept medication orders from providers and nursing and fill the orders by packaging each medication with unit dose	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.124	Provide the ability to reverse accurate patient housing/bed location from pod management system prior to processing medications due to pod/ cell or provide the ability to manually enter the detainee housing and bed using a barcode scan or supporting devices provisioned within the EHR specifically focused on finding the patient (Pill Line, Blood Lab, Crosswalk/Hallways, etc.).	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.125	Provide a graphical user interface interface to ADCs and APMS systems to support pharmacists and nurses in managing, resupply site activities.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.126	Provide the ability to interface with the ADC and APMS system through a touch screen interface.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.127	Provide an ADC that supports at least 20 medication administrations per hour	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.128	Provide the ability to support high speed packaging of at least APMS 20 packages of medications per minute.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.129	Provide the ability to package single-unit and patient-specific unit doses	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.130	Provide the ability to package multiple medications within a single packet dose to a specific patient at a specific time.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.131	Provide the ability to customize the print information on the APMS packaging to include patient demographics, medications enclosed and a patient bar code.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.132	Provide the ability to issue non-patient specific, single dose packaging with appropriate labeling identifying the medication for use in ordering and administering, by nurses as supported by nursing guidelines (Cassi, Alvarez)	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.133	Provide the ability to complete patient-specific administration for unit dose and/or multi-dose packaging of a specific medication pass time using labeling, examples of the APMS packaging to complete the chronological contiguous medication administration due to the entire detained population.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.134	Provide option on each APMS package to include patient demographics, housing unit, medication pass time, bar coding, and medication description.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.135	Provide option on each APMS package to include housing unit, medication pass time, bar coding and medication description for a specific patient based on order of patients transferring, departing for court (or other off-site obligation).	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.136	Provide the ability to defer orders that require rescinding for another batch without having to re-initiate the order.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.137	Provide the ability to resume packaging any medications within a batch that needed to be deferred for a lack of adequate stock within the APMS machine.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.138	Provide automated canister recognition ensuring there is no confusion with the medication canisters filled by pharmacy staff and preventing a canister from being placed in the wrong location.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.139	Provide security systems in the APMS to prevent unauthorized access to restocking medications and dispensing medications.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.140	Provide security systems in the APMS to allow super users to make needed adjustments to the system to support continuity of operation.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.141	Provide the ability for a designated user to define authorized quantities of medications that can be dispensed based upon defined categories, e.g. after hours, controlled substances, PRN, transfer, OTC, high risk and specific drugs.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.142	Provide the ability to monitor stock and maintain lot number, and expiration date tracking, within the APMS and APS.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.143	Provide the ability to utilize bar codes for loading APMS and all other steps in managing the APS inventory.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.144	Provide the ability to track all restocking and dispensing transactions to include as applicable date, time, user, patient, drug, dose.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.145	SOP medication preparation - Provide the ability for a user to select the ADC/APS prepared package medications in a chronological order configurate strip of packets based on medication pass time specific, patient specific (unit dose and/or multi dose), and housing location.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.146	OTC medication preparation - provide the ability for an authorized user to prepare/package medications ADC/APS to in a configurate strip of packets based on patient specific (unit dose and/or multi dose) parameters.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.147	Multi-Blend medication preparation - Provide the ability for the user to be able to trigger ADC/APS to prepare/package medications in a configurate strip of packets with all medications due to a detainee in the same or lowest of packages.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.148	After hours, controlled substances, PRN medication Provide the ability for a user to trigger the ADC/APS to prepare/package medications limited to defined/authorized "after hours, controlled substances, PRN" quantities, based on patient specific (unit dose and/or multi dose) orders.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.149	Provide the ability for users to restrict workflow from ADC/APS to prepare/package medications in a configurate strip of packets based on patient specific (unit dose and/or multi dose) and designation as "transfer" authorized medication parameters	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.150	If, for the APMS, provide a full snap packaging mechanism that slides out of the cabinet easily and can be replaced by ADC personnel with an on-site back-up so that production will have minimal chance of being delayed while waiting for technical support and parts.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.151	Provide the ability to link medication bar coding for each APMS cylinder and associated medication within the system to prevent placement of the wrong medication in the cylinder.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.154	Provide option on each APMS package to include housing unit, medication pass time, bar coding and medication description for a specific patient based on order of patients transferring, departing for court (or other off-site obligation).	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.151	Provide the ability to print or if paper or on roll aids to a specific printer that will rotate when the official remote device is in connection/connect/access	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.152	Provide the ability to document on unruly drug cart with the ability to make comment on each marking.	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.153	The Clinic Support, Pharmacy Information System (PIMS) and associated technology (Bar Code Medications Administration system, NDA and AMPS) must collectively manage and prioritize the medication ordering, label drug, preparation and fulfillment processes regardless of the source of fulfillment (in house, central Rx, mail order, or local pharmacy)	1.1 CORE - CLINIC SUPPORT (Equipment)							
UR-1.1.154	The Clinic Support, PIMS and associated technology must collectively share the same identification process to include bar codes identification wrist bands (linear and 2D matrix) and bar code readers to prevent misidentification of detainees throughout the delivery of healthcare.	1.1 CORE - CLINIC SUPPORT (Equipment)							
	Remote Capability	**1.1 CORE - CLINIC SUPPORT**							
UR-1.1.155	Provide remote access to the electronic medical record through encrypted, network standard laptops and handheld devices.	1.1 CORE - CLINIC SUPPORT (Remote Capability)							
UR-1.1.157	Provide ability to authorize and restrict user access to the clinic support on the status of their credentialing and privileging.	1.1 CORE - CLINIC SUPPORT (Remote Capability)							
UR-1.1.158	Provide wireless LAN Capabilities in specialized areas of the clinic where feasible in workflow and process.	1.1 CORE - CLINIC SUPPORT (Remote Capability)							
UR-1.1.159	Support Wireless WAN communications and/or off-site access with a cable	1.1 CORE - CLINIC SUPPORT (Remote Capability)							
UR-1.1.160	Provide handheld device compatibility with approved VLC handheld devices (Example: Blackberry) to allow approve medication orders or other specific tasks requiring a provider order a when a facility is staffed without a provider (after hours, weekends).	1.1 CORE - CLINIC SUPPORT (Remote Capability)							
UR-1.1.161	Provide the ability for Pharmacists to review the patient record, review medications, answer questions and ensure appropriate consultations when accessing "after hours" myVA cabinet medications	1.1 CORE - CLINIC SUPPORT (Remote Capability)							
	Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations	**1.1 CORE - CLINIC SUPPORT**							
UR-1.1.162	Provide the ability to review the full medical records of detainees currently on-site and those that departed within 5 days or an offline/remote state in the event of a system outages and downtime estimated at 5000 maximum records.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.164	All portable/offline/remote equipment must be hot/cold/extreme resistant, have extended battery life, private screen, adjustable brightness for external use, have a stylus (electronic pen) capability and touch screen as applicable to fully leverage proposed technology.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.167	Provide the ability to provide an electronic signature at all points of care regardless of availability of the LAN/WAN at the point of care delivery	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.168	Provide the ability to send a offline/remote mode which is an transport for several patients being escorted by a medical staff member back to their country of origin providing the ability to document the care provided during flight - there is a current assumption, but not a constraint, that the device(s) used in an transport would not have access to a network.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.169	Provide the ability to provide medical services supporting warfare enforcement operations where each individual will be initially recovered off-site and transport to an ICE facility.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.170	Provide the ability to initiate documentation of an existing medical record or create a medical record medical information (intake screening, medical history, medications) on a detainee in a remote capability that has not yet been registered in-Alliance to be linked to the enterprise record after entry.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.171	Provide the ability to maintain all medical record information on all detainees in custody at the specific facility on a device such that the full medical record can be accessed and required activities completed during an evacuations.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.172	Provide the ability to review and document care provided to detainee even when detainees are split up into dynamic groups after evacuation.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.173	Provide the ability to document the care while in evacuation mode re-assignments can be tracked and documented in the patient record by the individual that completes the medical care activity.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.174	Provide real time updates of all care provided during the evacuation such that all documented care is available to all providers in real time.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.175	Provide the ability to print various documents required based on the disposition and movement of the detainees to other destination.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.176	Provide locked medication carts (1 for each facility) for after hours medications that are linked to the EHR and grant access to common individual compartments where medication is stocked by Pharmacy with adequate stock to administer individual doses of all active medications.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.177	Provide the ability to document the inventory of the pill line cart after pill cast/ pill line and document e-medication inventory adjustment with appropriate acknowledgement by appropriate members of the staff (CO, HSA, Pharmacist, etc).	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
UR-1.1.178	Provide access to references from an onboard Nursing Drug Handbook that provides a resource during the workflow of all Nursing activities in both online and offline/remote modes.	1.1 CORE - CLINIC SUPPORT (Offline/Remote Capability for PCL/Jail / Sick Call / Facility Activities / Tasks / Special Operations / Of-site/a Enforcement / Disaster Planning / Evacuations)							
	Deployment Support Capability	**1.1 CORE - CLINIC SUPPORT**							
UR-1.1.179	Provide the ability to create medical records for all detainees in custody and prompt for scanning of all active medical records.	1.1 CORE - CLINIC SUPPORT (Deployment Support Capability)							
UR-1.1.180	Provided the ability to order all active orders to automatically create facility tasks based on all active orders of those currently present in the facility.	1.1 CORE - CLINIC SUPPORT (Deployment Support Capability)							
UR-1.1.181	Provide the ability to order all specific Facility Tasks due based on existing Orders (paper or electronic) to support seamless transition to electronic processes from existing logs that indicate detainees with active orders.	1.1 CORE - CLINIC SUPPORT (Deployment Support Capability)							

(Ref 1.1.16)	Support workflow to prompt for scanning of medical record when a detainee that was recently housed at the same facility returns within a specific date range during the deployment process.	1.1 CORE - CLINIC SUPPORT (Deployment Support Capability)							
1.1.1	**Accept Detainee Into the Medical Facility/ Intake Screening (Reference M 808 111)**	**1.1 CORE - CLINIC SUPPORT**							
1.1.1.1	Accept CUF detainee demographic data from ENDeavor (EARS / SIGNS), the BOP Inmate System (US Marshals) or allow manual entry if detainees arrive prior to electronic data entry or reentry.	1.1 CORE - CLINIC SUPPORT (Accept Detainee Into the Medical Facility/ Intake Screening (Reference M808 111))							
1.1.1.2	Provide ability to trigger the creation of a detainee health record in conjunction with import capability or manually create any records that may not be included in the update.	1.1 CORE - CLINIC SUPPORT (Accept Detainee Into the Medical Facility/ Intake Screening (Reference M808 111))							
	Tele-Radiology/Data Transfer	**1.1 CORE - CLINIC SUPPORT**							
1.1.1.3	Transfer demographic information and patient identifier into Radiology's past order	1.1 CORE - CLINIC SUPPORT (Tele-Radiology/Data Transfer)							
1.1.1.4	Develop the optimal information exchange with Tele-Radiology and other external providers	1.1 CORE - CLINIC SUPPORT (Tele-Radiology/Data Transfer)							
	Manual Entry of Detainee Demographic Information	**1.1 CORE - CLINIC SUPPORT**							
1.1.1.5	Provide the ability to allow entry of detainees that are not yet present in ENDeavor in the ENDeavor interface to add/mod	1.1 CORE - CLINIC SUPPORT (Manual Entry of Detainee Demographic Information)							
1.1.1.6	Provide the ability to document all additional identifiers that my apply to the patient to include (Hospital Record Numbers, Prior Correctional Facilities, Social Security Number) to support medical record requests from partner correctional and healthcare organizations.	1.1 CORE - CLINIC SUPPORT (Manual Entry of Detainee Demographic Information)							
1.1.1.7	Provide a reconciliation process to manage all manually entered and link to entries in ENDeavor Sentry	1.1 CORE - CLINIC SUPPORT (Manual Entry of Detainee Demographic Information)							
1.1.1.8	Provide a list of detainees manually entered that have not yet been matched to ENDeavor Sentry custom entry.	1.1 CORE - CLINIC SUPPORT (Manual Entry of Detainee Demographic Information)							
1.1.1.9	Provide a list of detainees manually entered that have matched an ENDeavor entry automatically for validation.	1.1 CORE - CLINIC SUPPORT (Manual Entry of Detainee Demographic Information)							
1.1.1.10	Provide the ability to allow medical records of family members be linked so they are easily accessible when in custody and after some members of the family have departed.	1.1 CORE - CLINIC SUPPORT (Manual Entry of Detainee Demographic Information)							
1.1.1.11	Support the merge process custody/medical, ENDeavor Sentry and automatically merge medical records when there is no medical information is present in one of the two records merged.	1.1 CORE - CLINIC SUPPORT (Manual Entry of Detainee Demographic Information)							
1.1.1.12	Provide a list of detainees that were automatically merged and manually merged with an ENDeavor Sentry entry.	1.1 CORE - CLINIC SUPPORT (Manual Entry of Detainee Demographic Information)							
1.1.1.13	Provide the ability for the user to undo any merge from the time it was complete and determine which entries (that followed the errant merge) go to the appropriate patient.	1.1 CORE - CLINIC SUPPORT (Manual Entry of Detainee Demographic Information)							
	Patient Identification and Tracking	**1.1 CORE - CLINIC SUPPORT**							
1.1.1.14	Allow all identification processes available in ENDeavor for the all multi-options being offered at receiving identification system (OIP) at all points of entry - (e.g. - Biometrics, barcode wristbands, ID cards)	1.1 CORE - CLINIC SUPPORT (Patient Identification and Tracking)							
1.1.1.15	Provide a list of detainees that have an inactivity date range and provide a status on intake screening, based on KNOW or Sentry entries and identify anyone entered that has not been screened.	1.1 CORE - CLINIC SUPPORT (Patient Identification and Tracking)							
1.1.1.16	When a detainee departs from the facility and returns within a specified amount of time, allow nurse to use the previous screening to meet the intake screening requirements.	1.1 CORE - CLINIC SUPPORT (Patient Identification and Tracking)							
1.1.1.17	Provide the ability to document the actual the time of all over-rides/lines of the ENDeavor or Sentry book-in time.	1.1 CORE - CLINIC SUPPORT (Patient Identification and Tracking)							
	Intake Screening Questions	**1.1 CORE - CLINIC SUPPORT**							
1.1.1.18	Provide the ability to review and accept medical intake screening done at an appropriate BOP facility (SDC or Staging Facility) within a specified number of days through no signature.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.19	Provide the ability to allow Nurses to accept the previous screening within a specified number of days and ensure the questions are validated and validation is incorporated into current progress note.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.20	Provide the ability to force certain facility tasks required of intake to be redone (examples: vital signs, pregnancy test, wound screen, how checks) to supplement the review of the previous intake screening based on the receiving facility/staging facility or other facility).	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.21	Provide the ability to pull previous medical answers into the current intake screening for validation when detainees were seen at a BOP facility but do not meet the criteria for use of previous intake screening.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.22	List all new arrivals that have already received intake screening from another facility within specified brief areas.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.23	Provide the ability to capture vital signs in the electronic medical record through the use of an interface to standards-compliant equipment (example: vital signs machine, oxygen sensors).	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.24	Provide the ability to enter vital signs manually or on a single screen and provide options to transfer from field to field easily (tab, mouse and hot keys).	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.25	Incorporate vital signs into the medical progress note for reference within the text of the progress note. Automatically place the collected vital signs in text of progress note without duplicate entry.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.26	Allow SDC-Standardized questions for Intake Screening for: a) SPC/CCP/ADSeg and/or b) Staging Facilities: ICE/I-794A	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.27	Provide the ability to allow questions to be conditional and expand to show additional questions for certain answers	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.28	Provide the ability to allow the questions to be updated by HQ/ ASM when additional questions are required or other questions need to be deleted with no impact on historical information based on the changes from previous versions.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.29	Provide the ability to allow appropriate staff to change the intake screen questions as required by policy. The system must present the current list of questions for view/patients while maintaining all historical questions and answers.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.30	Provide the ability to allow addition of questions at specific roles as approved by ASM HQ to meet specific guidelines	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.31	Provide the capability to select all normal responses at once and present the following warning, to the user: "WARNING: Are you sure you have asked each of these questions?"	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.32	Provide capability to enter provisional/unconfirmed diagnoses from patient report, transfer summary, documentation or patient history	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.33	Provide the ability to allow providers to validate or confirm the provisional diagnosis	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.34	Ensure it is clear that provisional diagnoses are not determined by nurse determination and clearly identifies individual and provider type who entered	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.35	Provide the ability for Nurses staff have the ability to utilize the North American Nursing Diagnosis Association (NANDA) during all encounters.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.36	Provide the ability to mandate completion of a complete progress note within a specified time limit	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.37	Provide capability to enter medications from Master Medication List in a streamlined fashion with limited typing based on information received during intake screening for user's workflow to notify provider for order to continue medication. Entry by Nurse does not constitute an order.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.38	Provide the ability to allow the nurse to differentiate whether the medications are with the detainee, verified through the intake screening process and provide the ability to document the source of the medications (verbal, medical records, transfer summary, medication bottle, prescription) recorded in intake screening.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.39	Provide the ability to enter a specific drug-more collected in mass) that is not included on the "ENdeavor List" until a determination is made by a provider (Nurse Practitioner, Physician Assistant or Physician)	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.41	Provide the master medication list for use by nursing to quickly enter the medications that come with the detainee.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.42	Provide the ability for nurse to identify the source of the prescription (pill bottle, pharmacy information, with detainee, transfer summary, rehab)	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.43	Provide the ability to allow nurses to designate which detainees are required to have a Provider Level and Nursing Level Physical Exam triggering a review and concurrence by provider	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.44	Provide the ability to present algorithmic evidence-based clinicals based on the information entered for consideration and use in all clinic workflow.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.45	Provide ability to view the TB screening, result (Used X-ray or PPD) from previous DHP facility to ensure it is available for the nurse to review	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.46	Identify the source: (facility name, provider) of the serious results (lab, CXR, etc).	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.47	Provide the ability to allow manual entry of TB screening (PPD or CXR Results) and date completed if documentation is available on transfer summary or other document	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.48	Provide the ability to allow Nurse to document TB Device once after review of complete intake screening and TB screening (CXR, PPD) result.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.49	Prevent manual entry of TB result if date of completion does not meet standards (Lot verify within 30 days).	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.51	Support prompt to trigger documentation (PPD given and automatically schedule PPD read appointment in 48 days with date/time stamp	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.52	If an order with Tele-Radiology when a nurse determines the detainee does not need TB Screening required events, provide the ability to send demographic information directly to the Tele-Radiology system for capture of the Tele-Radiology system. (See Interface Requirement 2.2.2 - Tele-Radiology (Chest/Abdomen).	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.53	Accept CXR results into the record directly/ manually from the Tele-Radiology (Contract Owner: Chest/Abdomen/Other Site) network ensuring the visual consent for an single identifier is achieved. See Interface Requirement 2.2.2 - Tele-Radiology (Chest/Abdomen).	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.54	Support the documentation of new/ made and allow staff to manually change to the result to received to trigger scanning of the upgraded document.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.1.55	At the end of the Intake Screening Process, allow nurse to determine disposition (General Population, General Population with referral to medical, isolation, or immediate referral to medical)	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							

1.1.136	Support the use of algorithmic evidence-based guidelines during intake screening.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.137	Based on real time Enforce and Sprint interface or manual entry of arrivals, provide a list of all new arrivals based on time of arrival and their status with Intake Screening (to prove arrivals went TB Screening, HRA Pending, Planned, or CHR (Hold Complete, Pending, Result), and the disposition to complete the intake screening.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.138	Provide the ability to assess the list of arrivals by date ranges with status to assess the full medical record and accomplish the TB Clearance.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.139	Provide the ability to sort the detainees based on how they are housed in the intake screening area.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.140	Provide a notice when the last detainee of each group receives their clearance.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.141	Send a notification to Enforce when both Intake Screening (Pharmacy) and/or TB Clearance (IT hub) are complete.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.142	Provide an alert to providers to review any immediate referral requests.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.143	Provide the ability to allow HQ to define a minimum set of notifications that are sent to providers and nurses.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.144	Provide the ability to allow facilities to enhance what information points to the Provider and Nursing Queue that are deemed critical.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.145	Provide a confirmation to the shared nursing queues.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.146	Automatically send appointments to a scheduling queue when certain conditions exist to be incorporated into the clinic schedule at the appropriate time by the appropriate individual.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.147	Provide a list of all referrals (general population with referral to medical, ie. immediate referral to medical) for review and validation by provider and when changing of the priority of the referral based on review by local clinical authorities (Clinical Director or equivalent).	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.148	Provide a list of orders that have not been validated to an appropriate provider can complete their validation.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.149	If already scheduled, pull any referral with that has a changed level of priority during validation, pull off schedule and place back in scheduler queue with newly assigned priority.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.150	Provide the ability to document a complete vaccination history using a standard template covering all required vaccinations based on current ICE standards.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.151	Provide the ability to require nurses to document the immunization history process the system differentiates history versus validated immunizations via tabs/filter at intake screening.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.152	Provide the ability to define the required immunizations based on immunization requirements by policy.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.153	Automatically schedule immunizations required based on policy.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.1.154	For family residential facilities, provide the ability to accomplish additional children screening for Lead poisoning and Sickle Cell Anemia.	1.1 CORE - CLINIC SUPPORT (Intake Screening Questions)							
1.2.0	**Scheduling (Reference MMS 1.2)**	1.2 CORE - CLINIC SUPPORT							
1.2.1	Provide role based Schedule Management with the ability to define standard schedule for each provider or medical resource (exemplar, provider or nurse).	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.2	Provide the ability to allow scheduler to post appointments from the e-scheduler queue to the provider schedule based on providers or by-a-resource (N/urse) that will be identified during the shift.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.3	Provide template based scheduling to allow appointment times with varying duration assigned to sections of the day for use in establishing a schedule.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.4	Provide the ability to allow providers and schedulers to block-out sections of the schedule for administrative activities (for example, training, meetings, leave) as needed that will prevent the scheduler from booking an appointment at that time.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.5	Support the creation of various appointment types (Medical, Physical Exam, Chronic, Sick Call, Dental, Psychological, Social Work, Psychiatry, Pharmacy, Chest X-Ray, Special Monitoring) per the organization definitions.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.6	Support the application of a meet of provider to each referral that will prevent the scheduler from placing an appointment on a meet man provider (Physician, Mid-Level, Nurses).	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.7	Provide access to the scheduling queue to overall individuals responsible for reviewing all appointment types (examples: Medical, Chronic, Mental Health, Detox, Sick Call, Special Monitoring, Lab Draw, X-ray) allowing those with access to enter the schedule for their area into appointment types. Based on local facility policy, the types of encounters and schedules by the provider(especially members will be controlled. Encounters will be scheduled by the provider (Physician, Mid-Level, Nurses) and Medical Resources (Medical Assistants, Administrative Associate). All scheduling will be done from the single scheduling queue and balanced between the two approaches (specialty scheduling and central scheduling) based on facility preference.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.8	When a provider blocks out the schedule where there is already an appointment already established, provide the ability to send the appointment to the scheduling queue for rescheduling or allow a duplicate booking at the discretion of the provider.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.9	Provide ability to differentiate between immediate referrals (based on disposition of immediate referral) and other referrals (general population with referral to medical).	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.10	Provide the option for a user to designate a patient should be seen within 1 hour after release of the medical record	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.11	Provide the ability by facility to require a validation of the referral level before or after scheduling.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.12	Provide access to the scheduling queue to several roles to ensure high priority patients are reviewed by providers consistently and ensure all appointments are addressed.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.13	Provide limited access to the appointments in the scheduling queue for specific specialties (examples: Mental Health, Dental) that accomplish their own scheduling. Main scheduler groups will be allowed visibility and oversight by the primary scheduling group to ensure no appointments are missed or not scheduled, when the specialty scheduler is unavailable or absent.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.14	Provide the ability to automatically promote specific appointments into the scheduler queue when card wall chart exits based on specific for all patients meeting certain criteria (location, spec history, etc.) based on a specified timeframe for group and by facility (exemplar: Physical exam to be completed within 14 days (5 days promotes) for adult facilities, 7 days for family units, 24 hrs for pediatric).	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.15	Provide a validation check to prevent the automatic creation of a duplicate Physical Exam for a patient that has already had a physical exam within the current detention stay.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.16	Provide a list of detainees that have an med with physical orders that were completed within a specified number of days at another ICE/A facility or were outside the facility for a minimal number of days for consideration by the provider accept the previous physical exam to meet the physical requirement for the current detention stay.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.17	Applies standards for all in custody and automatically creates physical exam for scheduling. If the person was out of custody temporarily on the Idle Ray return, a physical exam is automatically generated in the system if days in absence).	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.18	Provides the ability to identifying available appointments based on the required appointment type and amount of time required for the appointment type looking at a daily, weekly, and monthly up to 3 months.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.19	Provide the ability to change, move or remove several appointments to other schedules based on demands and resources while maintaining accountability of all appointments to ensure completion.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.20	Provide the ability to allow-wing or combining more than one appointment slots to make a large time slot.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.21	Provide the ability to allow-expanding one appointment into several shorter appointments if a shorter appointment duration is required.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.22	If automatic generation of required appointments based on standards is not available, provide the ability to create multiple appointments at once for several detainees by-appointment with one-step that are not covered in the automatic appointment generation list. (Example: 20 detainees submitted sick-call slips that must be scheduled for provider visits within 48 hours.)	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.23	Provide the ability to remove detainees with scheduled appointments from a provider or resource schedule, which will automatically send the scheduler queue for rescheduling to ensure accountability of all appointments.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.24	Provide the ability for providers to self-modify place a future appointment on their own schedules by reviewing their future schedule and placing the appointment to prevent the appointment requiring rescheduling.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.25	Provide the ability to allow providers to make determination that scheduled detainee requires more time than allocated and send conflicting appointment to be rescheduled.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.26	Provide the ability to allow a member of Groups (Clinical Directors, Physicians, Mid-Levels, Nurses, Medical Records) to complete workload assigned to other group members.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.27	Provide the ability for the provider to schedule the next visit at the end of each encounter (if appropriate) per provide guidance) by documenting a follow-up date as a part of the progress note documentation.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.28	Support the ability to assign a Primary Care Manager (PCM) and allow the PCM to view all patients assigned to them for consideration in placing the detainee on the appropriate provider schedule.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.29	Provide the ability to assign a Primary Mental Health Provider (PMHP) for each-era-detainee that receives-a mental health appointment.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.30	Provide the ability to assign oneself as PCM for a detainee at the end of the appointment to establish an initial PCM or replace the existing PCM.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.31	Provide the ability to create a roster of a schedule by group (of providers by provider type (examples: Physician, Mid-Level, Nurse Practitioner or Physician Assistant, Nurse, Mental Health, Dentist, Hygienist, Dental Assistant, Psychiatrist, Psychologist) such that all actions are recorded at that level and staff for that specific staff type.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.32	Provide the ability for groups to review appointments assigned to their associated group or groups to place on an individual or resource schedule.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.33	Provide the ability to allow users to reassign the patient to themselves as the primary care manager after an encounter.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.34	Support the ability to differentiate encounters that require a specific provider type to visit(if it is assigned to a provider that lower level provider with default at mid-level (Nurse Practitioner/Physician Assistant).	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.35	Provide the ability to define the amount of time that the next appointment with defaults defined based on provide type and/or encounter type.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.36	Provide the ability to double book patients depending on user role.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.37	Provide the ability to reschedule patients on the current schedule when the previous encounter goes long.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.38	Provide the ability to allow another provider to access appointments on another provider or resource schedule to complete the encounter based on user roles.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.39	Provide the ability to allow to identify/Level by appointment and place on any individual schedule on all that access the appointment can see the priority.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.40	Provide the ability to identify any detainee in custody-chronic illness that does not have an appointment created (regardless if it is scheduled or not).	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.41	Support the application of immunization standards to ensure compliance with-era-immunizations that meet a specific set of criteria.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.42	Support the designation of a Primary Care Manager and make visible on all scheduling screens. If PCM is not used at facility, may be left blank. Provide the ability to allow providers to replace the current provider and track history of the PCM assignment.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							
1.2.43	Provide the ability to override an hold date to-use a-previous date if detainee departed for less than a specified number of days tracking the changes.	1.2 CORE - CLINIC SUPPORT (Scheduling (Reference MMS 1.2))							

1.1.2.45	Provide the ability to document a primary complaint for the appointment (Facetable) or designate as no complaint or chronic.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.46	Wide variety the database sex, classification (Due, orange, red) and category (family, single, etc.,) and housing, assignment excise on all appointment scheduling, screens to allow appropriate development of schedule to group anchor interviewee together to assist within the timeliness of the medical seeking patientinfo.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.46	Provide the ability to notify appropriate hosts of the staff when priority appointments are removed from the schedule pending rescheduling.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.47	Maintain a history of all changes to all appointments.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.48	For all appointment cancellations, require a reason for the cancellation from a specific set of reasons if not automatically cancelled due to a departure.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.49	When a detainee is confirmed as departured from the facility, remove the appointment from the schedules and visibility in the schedule and allow that slot to be utilized.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.50	When a detainee returns or is transferred from one facility to another an appointment is, make visible to new facility the previous incomplete appointment in the normal scheduling queue.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.51	When the appointment of the returning detainee was on the schedule and another appointment is seen in the slot causing a conflict or the appointment is in the past, send to the scheduler queue for rescheduling with the original referral information	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.52	Provide the ability to allow patient schedules to be modified by clinic coordinator (Nurse, Provider, or Medical Records Technician) in the event of a change in resources (unit, cancel scheduled) and send all appointments back to the scheduler queue for rescheduling.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.53	Provide the ability to review all appointments that are pending for a future day and sort by service parameter's to allow for adjustment the schedule based on various grouping of pooling (detainee (use, point, load)	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.54	Provide the ability to view the status of chaper mounted healthcare encounters on all detainees in custody, whether they are detained with a chronic condition, whether they have a next appointment scheduled and whether or not they are completing the standards of attendance (Intake Screening, 14 Day Physical, Sick Call).	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.55	Must prevent duplication of appointments required for (based on standards if already scheduled.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.56	Support the process of notifying a confirmed schedule when there is a request for a Telemedicine appointment and allow the seek-available/slots/holds appointment with EDIA Providers or setup an off-site Telemedicine appointments.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.57	Support the scheduling a Telemedicine appointment that will be completed by a provider inside the EDIA medical system and block out that individuals schedule and point to a resource schedule for the tele-health inventory	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.58	Support the process of pairing the detainee with the tele-health appointment on the Telemedicine resource and ensure the appointment is placed on the master appointment schedule.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.59	Support modification of the provider schedule remotely through a handheld device (bracketed or that will) it triggers a change in schedule workflow to deal with the patients per workflow detail.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.1.2.60	Provide the ability to view the previous encounters by type (Mental Health, Dental, Physical Exam, Sick Call) while moving patients from the scheduler queue to a particular schedule.	1.1 CORE - CLINIC SUPPORT: Scheduling (Reference MBS 1.1.5)							
1.2.2	**Encounters (Reference MBS 1.1.5)**	**1.1 CORE - CLINIC SUPPORT:**							
1.2.2.1	Provide the ability to allow the user to select the type of visit or by specialty (Intake Screening, Chronic, Short Stay Unit, Urgent Care, Emergency, Sick Call, Dental, Mental Health)	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.2	Provide the ability to identify each encounter type (Intake Screening, Chronic, Short Stay Unit, Urgent Care, Emergency, Sick Call, Dental, Mental Health) based on EDIA definitions.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.3	Provide the ability to add subsequent visit and multiple chronic types to a single encounter.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.4	Provide the ability to allow access to the complete medical record to review patient status and include acuity determination.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.5	For Short Stay Unit Encounters, support entry and update of the acuity level for each detainee during each encounter	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.6	Support selection of several patients at once (or bulk) to place on the schedules of other staff members based availability	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.7	Provide access to full medical record of scheduled detainees.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.8	Support direct entry of Vital Signs for detainees from all Medical Equipment that are enabled to send vital signs electronically into the EHR system through compliance with a standards	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.9	Viewings all progress notes of encounters in the form of Subjective Objective Assessment and Plan (SOAP) format by adding each entry of discrete data fields (diagnosis, medication, other orders, procedure code already entered by the provider or collected by a recent encounters.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.10	Provide the ability to allow providers to create, modify and select a standardized order set templates for common illnesses/conditions that includes discrete data fields (diagnosis, procedures, inter-actions, medications orders, other orders, patient education, procedure) for various disease types (hypertension, cardiovascular disease, diabetes, tuberculosis, suicide, depression, both pain) and user defined progress note documentation for the current progress note in SOAP format with the ability to modify (add, delete, edit) additional information after selection to finalize the progress note and plan for the detainee.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.11	Provide the ability to share, problem and limit access to order set templates based on roles (provider, mid-level, nurse, etc.)	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.12	Provide the ability to share, problem and limit access individual providers based on a determination by the Clinical Director or overseeing provider.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.13	Require all order sets to be signed off by the Clinical Director or designee.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.14	Inserts individualized templates support SOAP format documentation.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.15	Provides options for the any provider develop a set of "shortcut entries" that result in entry of completed text into progress note.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.16	Provide the ability for users to add free-text evidence to their profile to prevent inclusion of forbidden abbreviations in the medical record.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.17	Provide the ability to review and accept vital signs taken by another individual in one click and pull into the current encounter if vitals were taken within specified time limit (example: within 2 hours of taking vital signs per policy)	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.18	Provide historical vital signs in chronological order (with time stamps) showing both the value and graph noise representing all vital signs (Height, Weight, Head Circumference, BP, HR, BS, Pain, rate advises elements like the new EL (A.K.A. FLOW SHEET)	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.19	Differentiate the source of vital signs patient history, manual entry, data directly from equipment, by user, data from another facility, data from EDIA facilities to support inclusion or exclusion of ad hoc parameters from the flow sheets and calculations.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.20	Provide the ability to collect data required for the growth chart and compare data to growth standards	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.21	Provide the ability to generate a graphical representation of the growth compared to the standard to provide to assist in evaluating significance.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.22	Provide an automatic calculation of each patient's Body Mass Index when documenting weight.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.23	Provide the ability to apply Center for Disease Control / American Thoracic Society classification for each TB/HIV/other patient based on user role.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.24	Provide comprehensive support of all diagnosis sets to include specialty areas of medical, mental health, dental and nursing	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.25	Be able to easily search through the HCPCS, CPT, ICD7, NIC, DSM- TR, ADA, SNOMED coding and view the full description of the code.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.26	Provide the ability to designate common terms for the diagnosis searches the ovetation diagnoses with searches that support the variability of clinical terms with coding sets (ICD, DSM, ADA, CPT, NANDA diagnoses, NIC, NOC)	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.27	Provide the ability to bold, italicize and underline text entered in the medical record.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.28	Provide the ability for each provider to select from the list of diagnoses	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.29	Provide various method of searching the diagnoses code, fast entry with results reducing on each character. Abc-text search or selection from the most common diagnoses from the most current International Classification of Diseases (ICD) codes.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.30	Supports presentation of the most common diagnoses to simplify the selection of ICD codes	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.31	Supports clinical coding using Systemized Nomenclature of Medicine - Clinical Terminology (SNOMED CT) capability	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.32	Provides a cross mapping of SNOMED CT codes and ICD in compliance with directives of the International Health Terminology and Standards Development Organization	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.33	Provide ability to see nursing North American Nursing Diagnosis Association (NANDA) diagnoses during encounters	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.34	Provide the ability to allow nurses to enter historical medical diagnoses when available on transfer summary or other medical record documentation that are considered provisional (not a part of the patient problem list) with validation by a provider (Nurse Practitioner, Physician Assistant or MD)	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.35	Provide the ability for dentists to select diagnoses codes from a list of American Dental Association (ADA) diagnoses, specifically the "Current Dental Terminology (CDT) code subscription.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.36	Provide the ability for mental health providers to select from the Diagnostic and Statistical Manual (DSM) of Mental Health Disorders.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.37	Provide the ability for DSM diagnoses and other medical codes to be incorporated into the data heads (metric 1.1) as a part of the progress note.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.38	Provide the ability to designate each diagnoses as "acute" or "chronic" based on organizational policy to support ongoing workflow.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.39	Provide the ability to document in the Objective portion of the progress note specific pertinent mental health conditions: Appearance, Attitude, Behavior, Mood, Affect, Speech, Thought Process, Thought Content, Perception, Cognition, Insight, and Judgment.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.40	Provide the ability to include procedural coding for providers, nurses, mental health and dental procedural data sets set forth in the Healthcare Common Procedure Coding System (HCPCS).	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.41	Provide a baseline list of common diagnoses used at each facility	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.42	Provide the ability for clinical leadership to identify diagnosis that require a specialized approach for their facility	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.43	Provide the ability to develop individual providers to further customize the list of common diagnosis based on their preferences.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.44	Support the use of Current Procedural Terminology (CPT) for providers.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.45	Support the use of Dental Procedures Codes in the Current Dental Terminology	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.46	Provides the ability to create a list of potential dental treatments for each detainee in the form of a dental treatment plan for signature by the detainee.	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.47	Provide the ability to track the status of the dental treatment plans throughout the system (in development, complete pending signature, signed by patient and provider, concurred through peer review)	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							
1.1.2.48	Supports Dental Health Procedure Coding set forth in HCPCS	1.1 CORE - CLINIC SUPPORT: Encounters (Reference MBS 1.1.5)							

1.1.4.6	Support Nursing Intervention Classification (NIC) coding which describes the treatments that nurses perform.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.7	Provide the ability to apply NIC set/use codes to each of the actions that take place in the system (medication administration)	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.8	Provide access to CPTs that are required for them to complete Skin Call and Physical Exam within their nursing scope of practice.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.9	Support use of Diagnosis Related Groups (DRG) groupings for CPT coding	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.10	Supports updated to all coding sets to the newest version without when the subsequent versions of the coding set is released without impacting historical data or changing current processes in the system.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.11	Provide the ability to allow for grouping of codes and based on overall best practice directives and order developed.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.12	Provide the ability search through the coding sets for a full description of the code using short and long versions of the code and reduces the available selections based on each key entered in the search area	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.13	Provide the ability to search for codes based on the numerical or alpha designation of the code as an alternative to text.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.14	Provide role based access controls to limit access to codes that should not be accessed. (Nursing staff should be limited to provisional diagnoses. Providers should not have access to Nursing Diagnoses, Outcome Categories or Nursing Intervention Categories)	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.15	Provider can select commonly used codes from a smaller list set forth in the system and customized/narrowed by each user.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.16	Provide the ability to allow for review and recoding of encounters based on assessment done by professional coders without modifying any information documented in the medical record.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.17	What another coding set becomes more acceptable in the marketplace, allow capability to transition to new coding system.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.18	Provide the ability to develop a set of code groupings in the form of a template that each person can use by the same of the condition to which the selected codes apply.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.19	Allow templates to include standard orders associated with the conditions	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.20	Provide the ability to support offline/remote work at the point of care when the secure network connectivity may be limited - not -example does note, but proposed solutions are not limited to, -reconnecting and sync when full secure connectivity is restored.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.21	Provide list of diseases with compliance with Performance Based National Detention Standards for the provision of medical care (Physical Exams, TB/Chest Compliance at ADP) hours, Intake Screenings	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.22	Provide the ability to establish new standards based on certain criteria additional criteria	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.23	Provide the ability to allow user to clear a detainee for Kitchen work during the Physical Exam (or other encounter if approved).	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.24	Provide visibility of each encounter and provide the ability to change the kitchen clearance status during any encounter	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.25	Provide the ability to acceptance or refusal with electronic signature referencing the last being refused	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.26	Provide the ability to sign for multiple vaccinations received that stayed once	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.27	Provide role based access to review encounters of other providers to build collective unique encounter type, etc) for the purposes of peer review and quality assurance.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.28	Provide the ability to HOLD/Alt to identify items that requires co-signatures by a Clinical Director, Physician, Provider or Nurse for a subset of tasks to include medications, special needs, nursing, physical exams, per ICE and local policy	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.29	Provide the ability to allow facilities to expand the list of items they want co-signatures by provider type in addition to HQ mandated co-signatures.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.30	Supports adjustment by individual providers based on training, education and experience.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.31	Supports the use of 3rd party dictation services where dictation entries are entered into the record by clinical coders.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.32	Provide the ability to allow the assignment and modification the Level of Acuity based on organizations standards during the encounter showing the history of the changes are kept.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.33	Provide the ability to communicate with other providers in a secure manner that is not included in the patient medical record to coordinate care and communicate necessary patient information regarding the coordination of patient care.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.34	Provide the ability to designate a discomfort or current population, isolation, suicide watch, SDU, admission) while completing the plan for each patient encounter without going to a separate screen that would trigger the order workflow after completing and signing the encounter.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.35	Provide the ability to complete clinical visits from outside the facility with an ICE computer with approved, authenticated access to the ICE network.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.4.36	Provide the ability to document special instructions for consideration visible to HSA/ASHA and CO/Physician immediately and the Pharmacist and the Nurse completing the transfer summary process.	1.1 CORE - CLINIC SUPPORT (Encounters) (Reference MMI 1.1.5)							
1.1.5	**Order Entry/Order Entry (Reference MMI 1.1.6)**	**1.1 CORE - CLINIC SUPPORT**							
1.1.5.1	Provide the ability to enter end/out of orders for Medications, Immunizations, Special Needs (Chair, Lower Bunk, Durable Medical Equipment, shoes, etc.), Special Monitoring (BP Checks, BG Checks, etc), Nursing, PC Orders, Diagnostic Checkups, and additional descriptions.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.2	Provide the ability to complete all available orders while developing the plan for each encounter without going to a separate screen which will trigger caller encounter signature(s) the workflow based on the order selected in the plan documentation within the patient encounter.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.3	Provide the ability to develop a series of orders and submit up to 10 different orders (medications, special needs, special monitoring, medical alert, etc.) on the same screen	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.4	Provide up to 10 kinds for each facility to define the various times that are required for administering time-based medical actions.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.5	Provide the ability to allow each facility to define the times associated with each visit for the facility.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.6	Provide the facility/specific time slots for use in order entry for any activity orders for use in ordering the appropriate time.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.7	Provide the ability to designate each order as "routine specific" to allow the nurse flexibility in completing the tasks any time during the day	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.8	Provide the ability to allow use of standard/fixed time of order execution (reg) normalling, e.g. once a day, b.i.d. three times per day, q.i.d.- four times per day, q.h.- frequency ever 1 hours, to allow the appropriate time to execute reg. at the time of order.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.9	Give provider the option to select an individual time/circle instead of a standard/fixed frequency (reg)	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.10	Provide the ability to allow facility to define the times associated with each visit for the facility.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.11	Provide the ability to allow users to enter orders using the standard/frequency for the order being submitted. These timeframes are not to exist in an infinite loop. Time limitations should be set by medical reporting group. Time limitations established will be used to warn nurse or service time limits that the order must be executed. (Example: Hours within 30 minutes of the facility/unit line time. Medications within 2 hours of facility/unit line time). These timeframes should default to standardized timeframes per -as defined by each facility to assist multiple conflicting instructions between local leadership and nursing staff that would impede workflow	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.12	Provide the ability to enter a special need for a detainee based on type of need, provider needs and security standards and require co-signatures based on HQ or local policy	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.13	Ensure a start and end date for each special need	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.14	Provide the ability to discontinue special needs that are approved by the detainee which requires a co-signature by the special diversity	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.15	Provide the ability to identify special needs that will need to be released/moved at checkout, and that to indicate, is the scheduled time a special need will need.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.16	Provide the ability to print out Special Needs form for Detention Officers	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.17	Provide a list of all active and expired special needs with date ranges and next scheduled appointment to ensure renewal of all special needs not designated as permanent or "do not renew"	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.18	Provide a notice to the provider when the next encounter, or scheduled need for the care of the special need start/end date	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.19	Support rolling the end co-sign/cancel for special needs, either "often" with time limit field. Provide the ability to allow site specific categories and ending/none as approved.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.20	Provide the ability to allow comments to provide further clarification as needed for correctional officers, ICE and ICHA staff.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.21	Provide the ability to allow Mental Health Provide - BHT, or Shoo (refs to pick a specific patch)	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.22	Allows the automatic generation of Nursing Activities / Tasks to complete Suicide Watch meets per ICHA policy and report compliance or non-compliance of watch criteria by detention officers.	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.23	Provide the ability for providers to initiate special monitoring of vital signs and intake/ various nursing activities (examples: blood pressure check, blood sugar checks, wound care / dressing changes). Must provide tracking of current monitoring and treatment orders, but separate from medications. Must also include the ability to support in regular meals/clothing cycle	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.24	Allow provider to specify Frequency (Daily, Twice Daily, etc) based on facility specific time slots that are customized by each field site. Utilize the times and standard times by for medication orders - e.g. once a day, b.i.d. three times per day, q.i.d. four times per day, q.h. Frequency ever 4 hours, to allow the appropriate time based on facility preferences to ensure the order is completed within limits if established by the provider	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
1.1.5.25	Provide access to all required special needs items at time of encounter to complete at point of care destination	1.1 CORE - CLINIC SUPPORT (Order Entry) (Reference MMI 1.1.6)							
	Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) so this capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology	**1.1 CORE - CLINIC SUPPORT**							
1.1.5.26	Provide the ability to allow an individual or group of individuals to be responsible/charged/billing, charting, etc., of the medical medication list (MML) based on the American Hospital Formulary System (AHFS) and other MML manage to override ASAM Formulary to non-formulary Steps or Phone or PA (one-time, etc shared between the Pharmacy and EHR system.	1.1 CORE - CLINIC SUPPORT (Medication Orders) (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology							
1.1.5.27	Provide the ability to allow MML manage to identify which medications formulary and non-formulary	1.1 CORE - CLINIC SUPPORT (Medication Orders) (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology							
1.1.5.28	Provide the ability to view only the medications from the MML on the ASAM formulary medications. Allow expansion to non-formulary medications when needed	1.1 CORE - CLINIC SUPPORT (Medication Orders) (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology							
1.1.5.29	If a non-formulary, automatically create a non-formulary approval request with provider justification for approval/rule approval	1.1 CORE - CLINIC SUPPORT (Medication Orders) (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology							
1.1.5.30	Provide the ability to identify which drug/strengths are in stock versus drug/strengths that are not in stock at the time of order.	1.1 CORE - CLINIC SUPPORT (Medication Orders) (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology							
1.1.5.31	Provide the ability to allow MML manage to identify medications that should be considered critical at the time of order with override capability by to make a medication critical that is not coded as such on the MML	1.1 CORE - CLINIC SUPPORT (Medication Orders) (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology							
1.1.5.32	Limit all prescriptions to a drug/class while allowing several medications to a single diagnosis	1.1 CORE - CLINIC SUPPORT (Medication Orders) (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology							
1.1.5.33	Support the development of workflows/alerts regarding critical medications to develop enhanced workflows for the ASAM staff (Clinical Director - Health Services Administrator, Infectious Diseases Officer, Epidemiology, Managed care, Medical Director, etc.)	1.1 CORE - CLINIC SUPPORT (Medication Orders) (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology							
1.1.5.34	Provide the ability to allow MML manage to identify which are not eligible Keep on Person (KOP)	1.1 CORE - CLINIC SUPPORT (Medication Orders) (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology							

11.4.35	Support designation of any NOP approved medication as PRI (Use while presenting any PM Line mandates) (Fort being Solved as NOP	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.36	Provide the ability to allow Pharmacist to overide provider decision to select an outfit line medication based on workload and collaboration with nurses.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.37	Provide the ability to allow NWL manager to develop standard education for each medication and translate into multiple languages to be given on transfer	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.38	Provide the ability to allow local Pharmacist to designate medications on the NWL for the facility that have a standardized org and prevent providers from recommending an alternate SKU.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.39	Provide a list of all pharmacy orders that are due to expire by expiration date range, ordering provider, medication category, and clinical status.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.40	Provide a list of active medication orders, the ordering provider, expiration date, and the next appointment date, housing unit, sau, etc with the ability to drill down on any criteria shown.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.41	At the point of selection, present the date from the NWL which medication was PRI (one Only) and Keep on Person drug lists	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.42	For PM one Only medications, do not allow providers to request NOP for these medications.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.43	Provide the ability for provider select a more conservative approach to have all medications for a particular diabetes as pill line medications.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.44	Prevent provider from ordering 10 tablets or capsules	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.45	Prevent provider from ordering "if unsafed" on any time release formulation (to be managed/edited/set by Pharmacy staff and/or Formulary manager), through additional annotations in the NWL	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.46	Provide the ability to allow only Pharmacy staff to over ride order to 0/0 for available stock (i.e. if provider desires 10mg dose and 12.5 (50mg must be dispensed)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.47	Provide the ability to allow for automatic population of org for medications that apply to a specific medication (NTD, Hep Enviro, etc.) to be populated at local Pharmacy based on the Master Medications List.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.48	Provide the ability for Local Pharmacy staff to remove unutilized medication and strength to not be displayed for provider selection. (i.e. if a particular medication is not stocked at the local Pharmacy a provider cannot write an order for that medication until Pharmacy staff makes available)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.49	Provide the ability for printing of Text/Visual (pharmacokinetic image) formats as established by FDA for all Controlled Substances (list, co-signature/signature by MD, DO, or DDS for DEA Required. (must maintain audit trail, who when what printed) (Pharmacy)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.50	Provide the ability to allow for other institutions to "pull up" view and EC orders from other VDA sites institutions to provide Pharmacy personnel a view of utilizing caller or Host Order Pharmacy. (Cerner FSI)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.51	Provide the ability to allow for orders filled at other VDA Pharmacies to be received and tracked in inventory (lot number, etc) upon receipt utilizing bar code technology (linear and/or 2-D)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.52	Assure delivery of orders filled from other VDA Pharmacies continues the process of delivery of medications to the patient identical to former and functional as if entered and filled at local institution.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.53	Provide the ability to allow a facility to designate pre-cleared, another VDA Pharmacy to receive orders from another "support" to Central Fill Pharmacy for another site at local level. (i.e. Houston given access to Mexico patients fill at varies. Pharmacists receive designation.)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.54	Provide the ability to allow for Central fill to designate that orders for another VDA site have been filled in individual order and on pending screen at the original ordering site (should be populated by more pharm3 filled status)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.55	Provide the ability to allow for Central fill for designate that orders for another VDA site have been shipped in individual order and on pending screen at the original ordering site (should be populated by more pharm3 filled status)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.56	Provide the ability for selection and status change of multiple orders at one time. (Pharmacy staff do not need to open each order to change status)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.57	Provide the ability for secure non-verge off that deserve has prolled up HOP medication nectonematic, hair code issue, and or selection by medical staff	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.58	Provide the ability for single-screen viewing all HOP medications to be dispensed. Screen should be populated with all order information and ability to sort by each field (Name, housing, sex, etc.)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.59	Provide the ability to select multiple orders at once in HOP medication distribution screen to document distribution. (i.e. Staff member should be able to select all HOP orders for a particular dosetime at once to mark as given to distribute in a single action if giving)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.60	Provide the ability to review each HOP medication distribution screen to allow for staff to check/verify medication order was filled correctly	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.61	Provide the ability to track inventory and DEA scheduled items held outside of the pharmacy	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.62	track all DEA items in the pharmacy per requirements of scheduled narcotics to include documentation and chain of custody requirements for controlled substances.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.63	Track additional medications that arrived at intake screening and is placed into nursing sub-stock.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.64	Provide the ability to set Par level (minimum stock on shelves) for each individual product	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.65	Provide recommended par levels based on order to receipt time by vendor source (prime vendor, mail order pharmacy, etc) to ensure there is adequate par levels to meet the need of the population	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.66	Assure the system makes recommendation to increase or decrease par levels based on drops in consumption to prevent expired stock.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.67	Provide the ability to record and track Over the Counter (OTC) medications distributed through the OTC stock	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.68	Provides a list of all medications given per Nursing Guidelines and documented in the nursing encounter.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.69	Restrict the quantity on hand for ward administration of medications under TB guidelines for end of shift counts.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.70	Provide the ability for provider to viside medications given from "After Hours Stock". linked with separate inventory for After Hours stock, and reports of all medications given thru After Hours Cabinet.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.71	Allow the establishment and management of par level for After Hours Stock, and refill report to generate on Pharmacy systems/non-specific/ordering which products need refilling	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.72	Update the inventory of all medications taken from after hours stock are linked to a prescription order and that quantity is removed from initial pharmacy fill.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.73	Provide method of developing treatment templates that recommend a series of medications for a specific disease management as directed by the PCN (mentines, Local Clinical Director and Pharmacy. Link template to medications, strength, servings to enhance standardization, inventory management	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.74	Provide capability to identify critical medications if the NWL does not already indicate a critical medication.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.75	Provide provider capability to identify a medication as "required for transport" to ensure it is placed on Transfer Summary as a required medication and an order goes to pharmacy to fill the medication before departure	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.76	Based on the medication policy in the formulary management concepts, automatically prescribed subsequent drug for 3 level medications requiring co-ingredients after the fact. Restrictions should prevent the use of this feature for controlled substances.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.77	Provide the ability to allow providers to change the status (on/off) at, non-critical, all of a medication throughout the order duration and track history and provider changing the status.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.78	Translate the ordered frequency to pill intake/timing field times per daycare population.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.79	Provide option to request vital signs ("blood sugar" or "blood pressure) during pill line.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.80	All orders sent to mail order pharmacy include the generic name.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.81	Provide the ability to order one time med medications for administration to a patient at the location of available stock (Pharmacy, AMPS, ADC)	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.82	Provide the ability for providers to enter hold parameters identifying values outside an acceptable range	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.83	Provide a consistent manner of packaging regardless of the source (in-house Pharmacy, Pharmacy from another facility, Mail Order or Local off-site pharmacy), ensure the medication is received in the manner (blist, quantity, dose, packaging) that will meet the requirement at the time of dispensing.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.84	Provide the ability for the user to electronically verify the order review, verifying the Medication Administration plan, and document the correct and safe preparation data.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.85	**Order Fulfillment**	**11.CORE - CLINIC SUPPORT**							
11.4.87	Provide the ability to process all medications (one time and off/line) workday through the normal ordering process, even those medications that are given and through ISS guidelines during individual encounters.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.88	The Pharmacy system must communicate requirements to the supporting, medication preparation and dispensing systems that will preserve medication inventory accountability and security	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.89	The Pharmacy system must communicate requirements to the supporting, medication preparation and dispensing systems that will preserve medication inventory accountability and security	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.90	The PMIS and medication preparation/dispensing systems must provide the flexibility to support a number of delivery approaches, including short cycle and/or just-in-time, patient-specific distribution and functionality that limits the availability of unordered drugs in patient care areas.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							
11.4.91	Provide the ability for a user to designate and fill an order as a short cycle, where a 28 day medication is turned into 4 cycles of 7 days.	11.CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 11.Clinic Support or 12.Pharmacology)							

1.1.4.92	Provide the ability to categorize each pharmacy order with the following categories: Routine, RN Guidelines, Transfer, after hours verbal valid and the ability to place a priority routine, critical, stat on each medication.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.93	Provide the ability to define parameters to prioritize the order fulfillment: server/proxy, stat medications, critical medications and batch orders to such that the priority level is clear to all pharmacy staff for the fulfillment	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.94	Provide the ability to identify a routing process for off the cart, PCAP by housing area, transfers as well as function to align with the chain of custody documentation done by the nurse to receive and account for all medication orders for all Crew, PCP, delivery and transfers.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.95	Provide controlled substance inventory management reports, under designated time period, and/or by type of drug, and/or by specific user, and/or by specific patient, to include user, date, time, drug, and quantity dispensed (for MAR) and user, date, time, drug, quantity of dispensed, and quantity dispensed (MAR)	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.96	Based on local and national settings, recommends formulary alternatives for medications.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.97	When staff stocks a specified amount below par, notify the Pharmacy staff.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.98	Provide the ability to generate separate "Transfer/Release" prescriptions as separate, emergency prescriptions as authorized by state law, with the same tracking mechanisms as a standard medication order.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.99	Allow the Competent Provider Order Entry to the EHR to generate real-time order for pharmacy from EHR and updates EHR with the RX order establishing a fully-customized medication profile for each detainee in the EHR. - the EHR to include a data of medication order (time), on order, open for call, fax, scanned, etc.) and generates workflow when a drug/device required by NARs.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.100	Provide specific user permissions to support administrative activities required of the system data that requires clinical knowledge.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.101	Provide comprehensive drug, interaction checking at the time of order and fulfillment.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.102	Provide the ability to remove medications from processes after the individual has been confirmed that he is no longer in the facility. A detainee on medication departs a facility and is not booked back in for a specified number of days per facility - Trigger cancellation of medications by Pharmacist.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.103	Provide reachback with minimal provider input (clicks) to renew medication(s) due to expire for detainees still in custody.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
1.1.4.104	Provide the ability to categorize the interaction notifications by level, to allow the Clinical Directors to supervise the level of warnings on an individual basis.	1.1 CORE - CLINIC SUPPORT (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology								
	Medical Alerts	**1.1 CORE - CLINIC SUPPORT**								
1.1.4.105	Upon release or when Medical Alert with category (medical, Psychological, Other) and automatically send to ICE SHH in-system- house designation and allow providers to identify which detainees require a medical escort for transport.	1.1 CORE - CLINIC SUPPORT (Medical Alerts)								
1.1.4.106	Provide the ability to allow Medical Alerts to be entered and/or reviewed by any provider or nurse.	1.1 CORE - CLINIC SUPPORT (Medical Alerts)								
1.1.4.107	For Psychological Medical Alerts, provide the ability to enter a level of Psychological Medical Alert based on current mental health standards (Examples: Levels 1 and 2).	1.1 CORE - CLINIC SUPPORT (Medical Alerts)								
1.1.4.108	Require Clinical Director (or designee) and HSA (or designee) to cosign by providing a list of medical alerts needing co-signature.	1.1 CORE - CLINIC SUPPORT (Medical Alerts)								
1.1.4.109	At the conclusion of each encounter, prompt provider if they want to continue the medical alert and dispose of any alerts appropriately through the Enforce interface.	1.1 CORE - CLINIC SUPPORT (Medical Alerts)								
1.1.4.110	Provide visibility of medical alerts to all EHR users and allow providers to remove medical alerts when no longer valid	1.1 CORE - CLINIC SUPPORT (Medical Alerts)								
1.1.4.111	Provide opportunity for others to review the medical alert detail and modify, add, delete based on role-based permissions.	1.1 CORE - CLINIC SUPPORT (Medical Alerts)								
	Hose Medical Holds	**1.1 CORE - CLINIC SUPPORT**								
1.1.4.112	Provide capability to enter Medical Holds and sending electronically to Enforce triggering the Enforce workflow that prevents movement without notice to coordinate with ICE/A staff.	1.1 CORE - CLINIC SUPPORT (Diet Medical Holds)								
1.1.4.113	Provide a visibility of Medical Holds to all EHR users when the record is being accessed and in all queries showing all detainees in custody	1.1 CORE - CLINIC SUPPORT (Diet Medical Holds)								
1.1.4.114	Provide the ability to define and enter criteria that will trigger a prompt to initiate an medical hold when certain conditions exist. TB Suspect, Confirmed TB Case.	1.1 CORE - CLINIC SUPPORT (Diet Medical Holds)								
1.1.4.115	Provide standard change-of-7 notifications of a medical hold to present to the Enforce.	1.1 CORE - CLINIC SUPPORT (Diet Medical Holds)								
	Protocol/Policy Based Orders	**1.1 CORE - CLINIC SUPPORT**								
1.1.4.116	Provide management console for HQ-directed Protocol/Policy Based to review existing and pending Protocol/Policy Based. (Examples: TB Screening - PPD or CXR, Immunizations, etc.)	1.1 CORE - CLINIC SUPPORT (Protocol/Policy Based Orders)								
1.1.4.117	Provide the ability to allow Medical Director or Designee to approve Protocol/Policy orders submitted by each COs.	1.1 CORE - CLINIC SUPPORT (Protocol/Policy Based Orders)								
1.1.4.118	Inspect Protocol/Based order submissions from CO to be cosigned by Medical Director prior to implementation and must be validated at a specified number of days	1.1 CORE - CLINIC SUPPORT (Protocol/Policy Based Orders)								
1.1.4.119	Retain history of all Protocol/ Policy based orders.	1.1 CORE - CLINIC SUPPORT (Protocol/Policy Based Orders)								
1.1.4.120	Use Protocol/Policy Based to various activities that would discontinue the automatic generation should the Protocol/Policy Based be revoked.	1.1 CORE - CLINIC SUPPORT (Protocol/Policy Based Orders)								
	Lab Orders	**1.1 CORE - CLINIC SUPPORT**								
1.1.4.121	Give providers a list of labs available to include all services available at the contract and local laboratories.	1.1 CORE - CLINIC SUPPORT (Lab Orders)								
1.1.4.122	Provide option to designated labs to be send to local labs and not sent through the lab interface based on local facilities and provide option to send to local labs or main contract lab at the time of order.	1.1 CORE - CLINIC SUPPORT (Lab Orders)								
1.1.4.123	Provide the ability to allow providers to create a customized list of labs for use in templates linked to drug-more.	1.1 CORE - CLINIC SUPPORT (Lab Orders)								
1.1.4.124	Provide a management module for the master list of labs to require approval from Clinical Director or Designee designated labs.	1.1 CORE - CLINIC SUPPORT (Lab Orders)								
1.1.4.125	Provide a management module for the ability for facilities to identify recommended sources for various labs. (Example: TB Sputum tests are done for free by the county health departments versus a cost lease and a must-stop through commercial labs.)	1.1 CORE - CLINIC SUPPORT (Lab Orders)								
	TB Screening	**1.1 CORE - CLINIC SUPPORT**								
1.1.4.126	For sites without Tele-Radiology (clear X-Ray), based on a Protocol/Policy Based, automatically order a PPD upon after nurse validates that a TB screen is necessary (no-compliant TB screening history presented)	1.1 CORE - CLINIC SUPPORT (TB Screening)								
1.1.4.127	Trigger the completion of the PPD post by-dreams	1.1 CORE - CLINIC SUPPORT (TB Screening)								
1.1.4.128	Automatically generate a PPD read appointment to be scheduled to read for 48-hours after the PPD plan was completed.	1.1 CORE - CLINIC SUPPORT (TB Screening)								
1.1.4.129	For sites radiology sites, automatically Order TB Screening for after nurse reviews validates that TB screening is required to request the CXR and transfer demographic information to tele-radiology system.	1.1 CORE - CLINIC SUPPORT (TB Screening)								
1.1.4.130	Support tracking the status of the X-Ray to-be, image capture, transmission and methods through the tele-radiology interface.	1.1 CORE - CLINIC SUPPORT (TB Screening)								
1.1.4.131	Have a list of CXR Viables based on a transmission and image capture based in a certain timeframe. Prompt for justification for viable currently being scanned.	1.1 CORE - CLINIC SUPPORT (TB Screening)								
	Chest X-Ray	**1.1 CORE - CLINIC SUPPORT**								
1.1.4.132	Provide the ability to order additional X-Rays as requested by providers from a master list of radiology services available.	1.1 CORE - CLINIC SUPPORT (Chest X-Ray)								
1.1.4.133	Provide the ability to print an appointment schedule for all radiology that is required that day	1.1 CORE - CLINIC SUPPORT (Chest X-Ray)								
	Verbal Orders	**1.1 CORE - CLINIC SUPPORT**								
1.1.4.134	Provide ability to document verbal orders accepted telephonically or in person and track the status. Include clear differentiation between which orders and administrations were verbal.	1.1 CORE - CLINIC SUPPORT (Verbal Orders)								
1.1.4.135	Require the provider name of all verbal and telephonic orders.	1.1 CORE - CLINIC SUPPORT (Verbal Orders)								
1.1.4.136	Require the user to confirm they read back and filed the order.	1.1 CORE - CLINIC SUPPORT (Verbal Orders)								
1.1.4.137	Automatically requests immediate co-signature from on-site provider or the co-call provider(Clinical Director (if provider not available on site).	1.1 CORE - CLINIC SUPPORT (Verbal Orders)								
1.1.4.138	Automatically requests co-signature from the provider that completed the verbal order.	1.1 CORE - CLINIC SUPPORT (Verbal Orders)								
1.1.4.139	Provide the ability to document mental health-specific tasks including type of psychotherapy, social work needs, patient education needs in the order CMO	1.1 CORE - CLINIC SUPPORT (Verbal Orders)								
1.1.4.140	Provide handheld device compatibility with approved ICE handheld devices (Example: Blackberry) to review and approve orders given verbally when away from the facility (after hours, weekends).	1.1 CORE - CLINIC SUPPORT (Verbal Orders)								
1.2	**Referrals / Managed Care (Reference M 650.1 1.2)**	**1.1 CORE - CLINIC SUPPORT**								
	Referral Submissions	**1.1 CORE - CLINIC SUPPORT**								
1.2.1	Support provider entry of referrals in EHR. It view internal health, dental, etc.) directly from EHR system users as a part of order entry with a justification or comments to consider for the referral	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Referral Submissions								
1.2.2	Provide the ability for the provider to request referrals off-site (Specialty, Emergency Care, etc.) and appropriate routing to the Clinical Director or Designee.	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Referral Submissions								
1.2.3	Provide a way to differentiate urgent referrals from non-urgent referrals and directed by the provider.	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Referral Submissions								
1.2.4	Using web all referrals in the same manner as required by the VA Power system to allow a seamless exchange of information between the EHR-S system to establish Payment Authorizations in the VA system after approval from the local clinical director or designee within the EHR-S.	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Referral Submissions								
1.2.5	Provide the ability for EHR-S users to review previous referrals from current and medical staff (CDCR, CCPH, Others) housing ICE detainees which could be referrals to Payment Authorization Requests (PARs) to authorize medical services through the future PAR system (MEDITRACS), which feeds into the claims management system (Plexus) for payment of all off-site claims for EHR-S and non-EHR-S sites.	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Referral Submissions								
1.2.6	Provide the ability to allow users to be categorized referrals to match the data required for the MedPAR system and Plexus system such that an export can be created to prevent the duplicate entry of referrals documentated in the EHR-S by providers using the EHR-S.	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Referral Submissions								
1.2.7	Notify users when a determination by local clinical director is made on a referral recommendation.	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Referral Submissions								
	Referrals / Managed Care (Reference M 650.1 1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community/Encounters	**1.1 CORE - CLINIC SUPPORT**								
1.2.8	Automatically generate a Payment Authorization Request (PAR) for review by Managed Care Coordinators for all off-site referrals	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters								
1.2.9.11	Make all PARs that come from a facility visible to all other staff at that facility (include submitter, status, date, deserves, etc.)	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters								
1.2.10	Provide ability to allow one user to be assigned to multiple facilities such that they view only those they are assigned.	1.1 CORE - CLINIC SUPPORT (Referrals / Managed Care (Reference M650 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters								

1.1.2.13	Provide the ability to allow each facility to designated whether the Clinical Director or designee can approve PARs locally	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.14	For referrals submitted by EHR user providers, where Clinical Director (CD) to approve PAR as an alternative to Managed Care Coordinators (MCC and FCM).	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.15	Provide ability to automatically approve PARs based on certain criteria	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.16	Provide a list of automatically approved PARs for review by Managed Care coordinators to support after the fact review if automatic review is a streamlined method of review.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.17	Ensure PAR submitters have full knowledge of the standards for automatic approval by the organization entering the request for treatment. Utilize techniques to eliminate the possibility of the user knowing the difference between a normal PAR and an automatically approved PAR.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.18	Provide the ability to allow Managed Care Coordinator (separate system or embedded in EMR) to review each request and make determination on all or referrals (PARs) that do not meet the standard of automatic approval.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.19	After CD or Managed Care Coordinator approval to trigger workflow to schedule appointment with provider.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.20	Provide visibility of all PARs with complete lifecycle status (approved, waiting appointment, appointment made, obtaining the off site record), and ensuring the provider receives log-on off, etc.) on all off-site.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.21	Provide the ability to track the referral status after approval (pending, scheduled, cancelled, transferred, pended- Medical Review, complete, etc.)	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.22	Support the tracking of all referrals by facility to provide facilities with a status documentation is obtained, received and signed.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.23	For certain referral types (ER Visit, Hospitalizations, etc) automatically establish an encounter with a nurse that must be complete upon return to the facility	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.24	Provide the ability to allow providers to define which PARs require an encounter to be scheduled should scheduled when the off site appointment is completed.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.25	Provide a list of referrals that pending the return of off site medical documentation.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.26	Track the time a detainee that has been sent to the facility and has not returned.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.27	When off site documentation is obtained, trigger provider and Clinical Director for co-signature. Provide the ability to allow providers to schedule of an appointment if required.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.28	Provide the ability to add CPT's allowed for each referral or to ensure billing executes CPT's not approved	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.29	Support template based CPT approvals to the linked with active plan/CPTs for each level to be available to authorization	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.30	Support detailed status of payment for PARs by hospital, submitter, etc.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.31	Support the tracking and identification of provider specialties required by each facility to ensure all required specialties have a provider registered.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.32	Provide the ability to document more than one office setting to provide the specialty and prompt provider at the time of selection of the specialty.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.33	Provide MCC and FCMs full access to the medical record for consideration in review of PARs.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.34	Provide ability to track status of all referrals submitted by provider and facility (based on permissions)	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.35	Provide staff to view all PARs submitted from their facility or all facilities based on user rights.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.36	Provide hospitalizations by facility and by type (Medical, Mental Health, etc.)	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.37	Track all hospitalizations (admission date, anticipated discharge date, CPTs, ICD Dx) and allow ICDA staff to add notes to document the most current status of the hospitalization until discharge. (Only could be done by treating parties or field roles. Be able to select field on HC) input	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.38	Provide the ability to differentiate Treatment Authorizations by category/rate (Inpatient/Hospitalization, Emergency Specialty)	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.39	Automatically assign each PAR to a report based on the state of the facility submitting the PAR	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.40	Ensure all Payment Authorization Requests (PARs) follow the detainee if they are transferred to a different facility.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.41	Assign a case manager to each inpatient hospitalization based on region with existing/split managed care coordinators	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.42	Provide the ability to allow user to mark-ide and assign themselves to the case management if a special/cert case.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.43	Provide the ability to define types of approvals that are automatically approved without action from managed care coordinators	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.44	For automatic approvals, apply technology that prevents users from knowing whether the selected item is automatically approved or approved through a review.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.3	**Facility Activities / Tasks (Provider, Nursing, Mental Health) - (Reference M 8.9.1.1.3)**	**1.1.3 CARE - CLINIC SUPPORT**							

Case 1:22-cv-00586-CDB Document 64-3 Filed 07/31/23 Page 186 of 1402

1.1.2.42	Provide the ability to allow user to mark-ide and assign themselves to the case management if a special/cert case.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.43	Provide the ability to define types of approvals that are automatically approved without action from managed care coordinators	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.44	Apply technology that prevents users from knowing whether the selected item is automatically approved or approved through a review.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.45	Provide case management support functions and application of managed care standards for review of medical hospitalizations and assist in assessing the criteria of the care plan.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.46	Support Managed Care Coordinators (MCCs) and Field Medical Coordinators (FMCs) to review and make determinations on PARs from SDI ICDA sites (some without ICDA staff), Border Patrol Facilities, Off-Site Community Medical Facilities.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.47	Support Managed Care, Local Clinical Director or another individual with rights (Dental, Mental Health, etc.) to review and make determinations on PARs from ICDA Facilities	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.48	Provide the ability to allow local providers to submit PARs for Clinical Director Approval or designee	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.49	Provide the ability to allow local providers to submit PARs directly to Managed Care and prompt Clinical Director (CD) for co-signature	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.50	Incorporate PAR and determination in to the EHR.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.51	Provide the ability for Medical Director or designee to review and approve Non-Formulary (NF) requests.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.52	Provide Regional Dental Consultants to review and approve off-site dental care and care plans in collaboration with MCC and FMCs.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.53	Provide Mental Health PARs to be reviewed by Mental Health staff in collaboration with MCC and FMCs.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.54	Import PARs and determination with demographic information to the Claims Payment system (Phase I - See interface in Section J matching the existing PCAT import format.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.55	Provide the ability to allow EHR users to submit Payment Authorization Requests (PAR) for Off Site Specialty, Hospitalizations and Emergency Care to Managed Care.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.56	Provide the ability to allow Pharmacy Consultants to review Non-Formulary (NF) requests for approval.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.57	Intake all PARs that come from a facility entities to all other staff at that facility. (include submitter, status, date, distances, etc.)	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.58	Provide ability to allow one user to be assigned to multiple facilities.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.59	Provide ability to track status of all referrals submitted by provider and facility (based on permissions)	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.60	Provide staff to view all PARs submitted from their facility or all facilities based on user rights.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.61	Provide hospitalizations by facility and by type (Medical, Mental Health, etc.)	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.62	Track all hospitalizations (admission date, anticipated discharge date, CPTs, ICD Dx) and allow ICDA staff to add notes to document the most current status of the hospitalization until discharge. (Only could be done by treating parties or field roles. Be able to select field on HC) input	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.63	Provide the ability to differentiate Treatment Authorizations by category/rate (Inpatient/Hospitalization, Emergency Specialty)	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.64	Automatically assign each PAR to a report based on the state of the facility submitting the PAR	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.65	Ensure all Treatment Authorizations Requests (PARs) follow the detainee if they are transferred to a different facility.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.66	Assign a case manager to each inpatient hospitalization based on region with existing/split managed care coordinators.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.67	Provide the ability to allow user to mark-ide and assign themselves to the case management if a special/cert case.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.68	Provide the ability to define types of approvals that are automatically approved without action from managed care coordinators.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.2.69	For automatic approvals, apply technology that prevents users from knowing whether the selected item is automatically approved or approved through a review.	1.1.2 CARE - CLINIC SUPPORT (Referrals: Managed Care (Reference NMS 1.1.5)) Payment Authorization Requests (PAR) - Specialty/Emergency/Community Encounters							
1.1.3	**Facility Activities / Tasks (Provider, Nursing, Mental Health) - (Reference M 8.9.1.1.3)**	**1.1.3 CARE - CLINIC SUPPORT**							

1.1.5.1	Provides a standardized list of activities/tasks that apply to specific specialties (providers, nursing, mental health, etc.) for appropriate staff complete with the ability to restrict or make available various activities/tasks to the EHR to various user groups, types and/or individuals based on scope of practice (Orders, Admissions, Nursing Care Plans, Mental Health Care Plans, Placement in Beg location)	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.2	Provides the ability to ensure all activities/tasks that require a subsequent action by another user are completed within a specified timeframe	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.3	Provide the ability to create and modify the standard level activity list ensure activities are available for all organizational priorities. (CURRENT: "Crime wave Short Stay/Unit Activities Tasks - Safety rounds - Bed/Chair monitoring - Treatments (dressing changes, foot soaks, etc.) - Medication administration (PO, injection, transfer supplies) - Vital signs monitoring (BP, weight, etc.) - Hunger strike monitoring - Suicide watch monitoring - Patient education - Venipunctures - Specimen collection - Prescription Review - Care Plan Monitoring	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.4	Provide the ability define attributes of specific categories of activities / tasks based upon a menu of attributes, e.g. scheduling attributes based on order entry (clonidine BID), specified time and customized for the facility, or schedule at a specific time based on a facility specific time frame, provider type that would be able to complete each activity/task (nursing, dental, mental health, etc., location of service: inpatient, outpatient	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.5	Provide the ability to separate all activities by type (examples: Blood Sugar Checks, Blood Pressure Checks) to distribute the various activity types among several staff members.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.6	Provide the ability to separate all activities based on location (Med Step Unit, Medical Housing Unit and Ambulatory) and clinics.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.7	Provide the ability notify users when activities/activities due for a specified patients are available all points of users (on time and offline/remote)	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.8	Provide the ability to re-parent all activities/tasks within a specified timeframe (examples: Full Shift, Next Two Hours) for users balancing workload of associates staff.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.9	Provide the ability to separate all activities by activity type to distribute the various activity types among several staff members.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.10	Provide a notification if recurring activities on a provider order such that when the order is cancelled.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.11	Provide the a list of all activities to the original order such that a cancellation will ine through this discontinued activity providing a notice to the user assigned to complete the activities that it has been "discontinued"	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.12	Provide the ability to separate activities due to: A) Detainees for custody (per Enforce or Same) or manually documented as present/"locked in by EHR facility staff during 8am recurring (daily nerve daily) population review and B) detainees that have been documented as "booked out" in the custody system (Enforce or Same) or manually "booked out" by recurring, as when the departed the facility	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.13	Provide the ability to pull up activities that were due for detainees that departed within a specified number of days at the facility	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.14	Activate orders for a specified amount of time after a detainee departure based the workflow after ICE has booked a detainee out of the system	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.15	Provide the ability for ward activity/alerts to collect the information necessary for the specific activities for entry into the medical record. (exemple: a blood sugar check activity will prompt for the blood sugar value)	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.16	Provide a single queue of facility activities/tasks pending, with the ability to sort, select and print a list of detainees requiring activities based on time, type or grouping, that include necessary information (Name, Alien#, Provider, Order ID Alien#, Housing, date/time(s) from custody system, time due, assigned) to provide to the custody officers to request movement of the detainee to entrance of the activities.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.17	Provide a single queue of facility activities pending based on the orders or care plans entered by medical provider, mental health, dental and nursing, care plans such that specific activity types can be included or excluded based on the workload distribution and the staff on-site to cover all facility that meet the accomplished during each shift.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.18	Provide the ability to assign several facility activities to an individual of more to distribute the workload of the facility activities to several staff	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.19	Provide the ability for the user to see the amount of time until the activity is due based on the original order or care plan to assist in prioritizing workload.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.20	Provide the ability to view a status of the detainee detention while view all activities to validate there was no activities missed because a detainee an entity booked out.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.21	Provide the ability to identify a patient that has been booked out an activity to real-rate the book-out changing the detainee status to active until another entry is made in (changed) book-in from appropriate ICE monitoring, active status or accept a book-out and return to inactive state.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.22	Provide the ability to view facility activities / tasks for detainees that are no longer in custody (per Enforce or SDDS population updates/reviews) individual actually departed and allow nurses to complete the activity regardless of their work-out status.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.23	Provide the ability to allow providers/nurses to document the completion of several activities at once when no information is required to complete the task.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.24	Include all activities in all offline/remote states to allow the facility to be completed during other episodes of care (exemples: remote end-cell, pill line, intake screening facility clearing)	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.25	After completion of each activities, show complete items with date, time and user who completed the activity for use in a review all work with a status.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.26	Provide the ability to incorporate selected facility activities into the schedule as an appointment at a specified time.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.27	Provide the ability to trigger as request for a consultation for a provider by provider type to review the results or documentation from a specific activity.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.28	Provide the ability to assign a level of priority for each consultation sent to another provider.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.29	Provide the ability to review the information collected in the activity associate with the consultation request and prompt for appropriate documentation and actions	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.30	Provide the ability to create and document completion of activities that are not associated with a patient and not placed in a patient's chart (CURRENT LIST: Refrigerator temperature monitoring - Freezer temperature monitoring - Airborne Infectious Isolation (AII) room monitoring - Negative pressure room monitoring (utilities/alarm, emergency switchbags, oxygen, eyewash, etc.) - Mercuries inventory/monitoring - Sharps inventory monitoring - Controlled substance logs - Laboratory test quality controls - Equipment quality control/biomedical maintenance checks - Emergency equipment monitoring (a checklist to indicate function was performed, not a listing of supplies - Key inventory monitoring	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.31	Provide the ability to create a activity of a pre-segregation assessment (Require) the time of placement in segregation and the notification time for this activity)	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.32	Provide the ability to trigger recurring a segregation rounds activity as required per policy after notification that an individual was placed in segregation for a non-medical reason until confirmed the detainee was released from segregation.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.33	Provide the ability to allow initiation of an additional facility activity that may result from completing a single, non-recurring facility activity.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
1.1.5.34	Provide the ability to select from a list of facility activities that are completed on demand (Chest X-ray/Overdose, Validation of Immediate referral) identifying area or more provider levels) that will be placed in a pending status until the activity is completed.	1.1 CORE - CLINIC SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health)) - (Reference MBS 1.1.5)								
	PH Live (Reference 4/18/23 1.1.7)	**1.1 CORE - CLINIC SUPPORT**								
1.1.7.1	Subset detention data (housing, pod, room) into the clinic support module	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.2	Identify a list of detainees that have had a medication change to ensure there is resolving of the current and previous medication orders.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.3	Provide streamlined identification process of all detainees and medication during pill line.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.4	Support two forms (bar-coding, biometric, picture, etc) on all patient identifications supporting medication administration accommodate both linear and 2-Dimensional bar code technology.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.5	Provide the ability to access the patient record and all required medication through pill line with the use of bar coding like Pyxis HC	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.6	Provide patient and medication identification using bar codes to streamline the medication administration and prevent medication administration errors.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.7	Provide capability to validate medications by name if the drug image	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.8	Create lists of medications that for use in PH Live and/or NCP of an offline/remote state.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.9	Provide list of all time-wise NCP medications due to each detainee. Be able to extract view PH Live ONLY and/or NCP view	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.10	List all remaining medications due (PH Live or NCP) at each pill line by post or all pods (in case its moved once last download)	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.11	Provide the ability to allow nurses to identify the reason the medication was not given (refusals, court, moved)	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.12	Provide a list of detainees that were not administered medications by-pass with the reason	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.13	Provide the ability to record the validation processes done by nurses for each medication prepared for administration with use of bar coding capability to streamline the preparation and validation process.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.14	After identification through preparation, provide the ability document all medications given to a detainee with a simple click.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.15	When bar coding system unavailable, allow manual entry of all medications administered to include time administered.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.16	Provide the capability to pre-population of the refusal form with the name or items that are being refused.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.17	Provide capability to electronically sign the pre-populated refusal forms to identify: Show detainee what they are signing, the refusal for.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.18	Provide the ability to manually enter or select from a dropdown of previous witnesses (co-workers or medical staff) to sign along with detainee who refuses.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.19	Re-able to report non-compliance with all pill line medications after discovered.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.20	Present information required by accrediting bodies as it pertains to each medication (normal limits, contraindications, common side effects).	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.21	Provide the ability to view all medications the patient is currently taking who administering pill line.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.22	Must allow each facility to establish pill line times that is aligned with the standard med regimens	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.23	Provide the ability to calculate the delay from scheduled distribution timeframes based on the timeframes established for pill line at each facility.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.24	Provide historical pill line distributions for each detainee in the form of an electronic Medication Administration Record (eMAR) and printed MAR.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.25	Provide the ability to print of current MARS after the system becomes unavailable.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.26	Ensure the pill line process is such that that each administration is documented at the same time it is given via bar code administration (linear and/or 2-D bar code technology)	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.27	Provide the ability to allow Pharmacist to accept and document a change to a medication to critical with notification to ordering provider.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.28	Provide a list of all refusals without completion refusal by-options.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.29	Provide the ability to allow medications to be documented as no show/unsafe, then change to taken if detainee becomes available.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.30	Document a reason for not completing medication distribution. Provide a drop down of common reasons and allow the use of "Other" with text entry	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.31	The ability to print the Medication Administration Record (MAR) for each detainee with the nurse's initials posted in each spot.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.32	Provide adequate warnings and safeguards to prevent more than 1 card of an individual order/medication to be given within a specified amount of time	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.33	Provides a validation for variable similar orders that match a certain criteria (medication, drug class, weight dosage, pill line).	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.34	Provide an indicator to prompt entry of Blood Pressure and Blood Sugar result during pill line if indicated in order	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.35	Provide the ability to document what is actually received from mail order Pharmacy by identifying any disparities between orders and prescription (Two 10 mg tablets for twice a day, versus one 20mg tablet once a day) and update the pill line information to ensure accuracy.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.36	Identify which medications should never be crushed as established in EMR.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.37	For support short stay unit detainees, provide secured (invisible) locked medication cards (~7 for each SDD) Scanning stations for after hours medications that are linked to the EHR and grant access to common individual compartments where medication is stocked by Pharmacy with adequate stock to administer individual doses of medications from the after hours medication cart and short stay unit medication cart.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.38	Provide the ability to document the inventory of the pill line cart after pill each pill line and document a medication inventory adjustment with appropriate acknowledgement by appropriate members of the staff (CO, HSA, Pharmacist, etc)	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								
1.1.7.39	Provide the ability to prevent the user from proceeding without entering required, valid data at the time of medication administration.	1.1 CORE - CLINIC SUPPORT (PH Live (Reference MBS 1.1.7))								

1.7.4.0	Provide the ability to document all medications given to a clearee with 1:1clinician medication reading standards of accreditation bodies that currently require review and documentation of individual medications on all medication administrations after variation of 5 rights.	1.1 CORE - CLINIC SUPPORT (PR Line (Reference MBS 1.1.7)							
1.7.4.1	Provide all necessary demographic information on Adult Screen: Name, Alias, Wife, Allen #, other Enforce identifiers, photograph, partner identifiers (Child, BDP, missouri date, etc), housing location, from the primary source.	1.1 CORE - CLINIC SUPPORT (PR Line (Reference MBS 1.1.7)							
1.7.4.2	Provide the ability to display the NOAP as a single-page inbound modular medication review (generic and Brand), order instructions, dosage form, strength or concentration, dosage, administration route, start/stop date, special instructions, "give with food", "do not crush", "protect from light" (detailed) should "hold or protect from direct sunlight exposure". Color coded or otherwise easily linked designation for high risk, new, PRN, scheduled (un-jus needed), bone or risk less, and as needed) completed, special requirements prior to administration "#P household and food (don't give for BP or PRN) or parameters like scaling scale.	1.1 CORE - CLINIC SUPPORT (PR Line (Reference MBS 1.1.7)							
1.7.4.3	Provide the ability to use bar coding (Linear and 2-D) that can be used to ensure the items are properly stocked in the appropriate inventory (ADC, AWPS and In-house Pharmacy)	1.1 CORE - CLINIC SUPPORT (PR Line (Reference MBS 1.1.7)							
1.7.4.4	Provide the ability to produce a backup list of current med medications after the system goes down for use in continuing to distribute medications on a paper Medication Administration Record. The list must include patient picture, demographic information, drug, detail and bar code of the required drug. The barcode scanner must be operable with the system down mode to require validation of the medications, the detainee listed on the report and the medication to be given. When the system comes back online, the data should download that there medication administrations were complete.	1.1 CORE - CLINIC SUPPORT (PR Line (Reference MBS 1.1.7)							
1.7.4.5	Provide capability to fully operate when personnel customization off line and "sync" with current patient/detainee upon reconnection. Provide capability to fully operate off-line for extended period of time with zero data loss, post 100% "sync" when Pharmacy system reconnected.	1.1 CORE - CLINIC SUPPORT (PR Line (Reference MBS 1.1.7)							
1.7.4.6	Provides electronic Medication Administration Record (eMAR) that ensures comprehensive accountability of all medications delivered through PR line, whether or not the user has access to the local area network (LAN).	1.1 CORE - CLINIC SUPPORT (PR Line (Reference MBS 1.1.7)							
1.7.4.7	Medications fitted for PR Line must have a designation/identifier as a PR Line medication on label or packaging clearly labeled to prevent confusion between pill Insert and Keep on Person medications.	1.1 CORE - CLINIC SUPPORT (PR Line (Reference MBS 1.1.7)							
1.7.4.8	Provide the ability to track all medications from between provider order to delivery to the patient on all medications.	1.1 CORE - CLINIC SUPPORT (PR Line (Reference MBS 1.1.7)							
1.8	**Sick Call (Reference M 600.1.1.8)**	**1.1 CORE - CLINIC SUPPORT**							
1.8.1	Provide the ability to support remote, face to face sick call triage at a specified time of the day in remote care areas without access to the LAN with full medical records of all detainees in custody for triage in an efficient time matrix.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.2	For facilities authorized to accept sick call slips, provide the ability to select from a list of all detainees in custody to enter all sick call requests with date and time submitted for multiple detainees at once to create a sick call request.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.3	Provide the ability to allow a provider to respond to sick call remotely even if the detainee did not submit a sick call slip.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.4	Provide the nurse access to the complete medical record in an offline/remote mode for completing sick call on all detainees that have submitted a sick call request or (depending on portable memory limitations) all detainees in custody at the facility at time of sick call. If there are limitations to the amount of information that can be available offline/remotely, provide the nurse a limited amount of information on all patients in custody at the facility to include: previous sick call requests, previous encounters progress notes, all appointments, and orders (with status) for use in supporting on demand sick call or questions from detainees.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.5	Provide the ability to select from a list of common complaints for each sick call request with the ability to submit last complaint when no common complaint is applicable.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.6	Provide the ability for the provider (Nurse, Mid-Level) to change the chief complaint or add an additional complaint to ensure consistency of the various complaints submitted and that each complaint is addressed per detention standards.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.7	Provide the ability to select sick call requests that are to be addressed during the sick call for that day by provide a prioritized list to the detention staff.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.8	Provide the ability for the Nurse to review the previous sick call requests on all detainees and change the primary complaint to a complaint already addressed in previous encounters or sick call and prompt the nurse to confirm the sick call request was "already addressed".	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.9	Provide access to all ICDA nursing guidelines (clinical decision support) and incorporate into sick call workflow while in the offline/remote state to support sick call.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.10	Provide the ability to allow user to refer a sick call for scheduling of an encounter in the clinic identifying the level of provider required for the encounter.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.11	Provide the ability for a provider to trigger a review of a sick call at the same level provider (nurse) at the end of sick call slots to decide whether a clinic is appropriate.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.12	Provide the ability for provider to review all sick call requests submitted each day for use in defining the resources required to meet the sick call needs.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.13	Provide a list of sick call encounters and their status (pending, referred, complete, same complaint) to be used on reviewing all the sick call requests	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.14	Provide templates for each sick call nurse to create standardized responses to various conditions presented at sick call and incorporate ICDA Nursing Guidelines and other decision support (triage systems).	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.15	Support algorithm-based clinical decision support for all Nursing Guidelines with drop down menus, warnings and alerts during the sick call process.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.16	Provide the ability to updated, change, include and exclude aspects of the RN, LVN and CNA/MA guidelines to be managed by HQ	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.8.17	Provide the capability to print education materials by topic as developed by ICDA HQ in multiple languages for delivery to the detainee.	1.1 CORE - CLINIC SUPPORT (Sick Call (Reference MBS 1.1.8)							
1.9	**Short Stay Unit / Bed Management (Reference M 600.1.1.9)**	**1.1 CORE - CLINIC SUPPORT**							
1.9.1	Provide the ability for HQ to designate (based on risk) based security to add/delete/modify the inventory of ICDA beds in each facility to ensure a comprehensive list of SSU and AWH beds /administrators permission rule and locked with the EHR Short Stay Unit (SSU) and Alternate Medical Housing Unit(AWH) bed allocation.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.2	Provide the ability to maintain an accurate inventory of segregation units across all all ICARE sites.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.3	Provide the ability for a facility to identify specific non-bone available of each bed in the SSU or AWH (mezzanine) location, general, IV Therapy, Oxygen, handicap accessibility) or for use in determining appropriate clearee or specific patient placement.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.4	Provide the ability to administer/clients to be designated with a specific specialty that may be available at the facility (location, internist care, mental health, infectious disease, orthopedic) that can be removed when reasonable change (staff depart, etc).	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.5	Provide the ability to assign nursing support needs (Level 1, 2, 3 or 4) after admission (based on nursing standards and allow nurses to modify) throughout the stay in the AWH.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.6	Provide the ability to define standardized availability classifications for each bed, e.g., vacant, occupied, bed assigned (reserved for pending admission), closed (e.g., repairs, not staffed, evacuation).	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.7	Provide the ability for a local facility to manually change the availability status of each bed (vacant/yes, out of service, negative pressure failure, unstaffed) to remove it on availability list when unavailable.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.8	Provide the ability for an ICDR user, based on role based rights, to admit a detainee into a SSU bed or AWH segregation (for sites without an SSU) prompting a reason for admission and assigning the patient to the bed.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.9	Provide the ability to reconcile existing ambulatory orders upon admission to ensure the existing orders are continued in an inpatient setting.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.10	Provide the ability to document the initial assessment of acuity based on current ICDA policy (med 1-4) and allow updates during SSU provider encounters required by daily policy	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.11	Provide the ability to establish a defined list of "reasons for admission" for section by providers during the admission process of the encounter with the ability to enter other with text.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.12	Provide the ability to select which existing diagnoses are the basis for the admission to the SSU or AWH.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.13	Provide the ability to view an "electronic bed board" which shows all beds with their associate status' occupied, vacant, assigned, and closed/out of service beds, along with the detail on all admissions (patient name, DOB, ICARE, photo, current admitting diagnoses, admitting medical provider, admission date, current length of stay, proposed discharge date, current special needs, current acuity level, reason for admission) at an each time basis. Provide the ability to view all medical admissions and observations for both SSU and segregation beds (Name, #, Number, DOB, Reason for Admission, date admitted, projected admission, admitting provider).	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.14	Provide the ability to input the date/time the patient was admitted/discharged/transferred based on the actual time the distances moved.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.15	Provide the ability to reassign a patient to another bed without changes the admission date.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.16	Provide the ability to update the anticipated discharge per date throughout the stay in the SSU and AWH.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.17	Provide the ability to document the physical status of each admission and discharge (Boarding, Awaiting Transport, Admitted etc).	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.18	When a patient is admitted/discharged/Transfer in an SSU, update the bed status of the associated bed accordingly based on the date/time of the actual move.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.19	Provide the ability for an individual to move an SSU bed for a transfer from another facility for placement from a hospital and specify the anticipated date/time of arrival.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.20	Provide the ability to create/modify individualized nursing care plans on each clearee admitted to the SSU.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.21	Allow any/Write to "create/modify" nursing care plans.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.22	Create "alert" notification (to SSU patient, SSU charge nurse, individual SSU nurse, nurse manager, CO and HOA dashboard) if a nursing care plan is not created within a specified period of time after admission (period of time to be defined by ICARE).	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.23	Provide the ability to use the curr ent North American Nursing Diagnosis Association - International (NANDA-I) nursing diagnosis nomenclature.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.24	Provide the ability to use the curr ent Nursing Outcome Classification (NOC) nomenclature.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.25	Provide the ability to use the curr ent Nursing Intervention Classification (NIC) nomenclature.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.26	Provide the ability to use a list of "nursing activities" using nomenclatures included in BIOWIKIED and add unique ICDA nursing intervention classifications into the baseline activity terms.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.27	Provide the ability to review and approve each addition of the ICDA nursing intervention classifications prior to initiating use at all sites. Provide the ability for ICDA to add/modify the list of unique ICDA nursing activity terms.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.28	Provide the ability to "update" ands in nursing nomenclature's systems when new editions are published without changing the unique ICDA nursing intervention classifications already reviewed and approved.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.29	Provide the ability to create nursing care plans and care plan templates which link common symptoms/medical diagnoses, NANDA-I nursing diagnoses, NOC outcome classifications, NIC nursing intervention classifications, and the ICDA nursing activities.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.30	Provide the ability to create nursing care plans and nursing care plan templates utilizing "links" between NANDA, NOC, NIC, and ICDA nursing activities.	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.31	Provide the ability to define "outcome target ratings" for each NOC selected based on NOC classification scales (5 point liker scale).	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							
1.9.32	Provide the ability to periodically assess patients in relation to NOC classification system scale. Specifically addressor baseline rating and periodic reassessments every shift (time frame for reassessments to be defined and locally configured based upon the "ol how" shifts).	1.1 CORE - CLINIC SUPPORT (Short Stay Unit / Bed Management (Reference MBS 1.1.9)							

1.1.A.10	Provide the ability for nurses to "close-out" NOCs and nursing diagnoses which are resolved.	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.A.11	Create "alert" notifications for SDU patient, SDU charge nurse, individual SDU nurse, nurse manager, CD and HOA dashboards if NOC patient status determinations are not documented within defined time frames.	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.A.12	Provide the ability for nurses to select/document date/time nursing activities were performed from SDU patient dashboard.	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.A.13	Provide the ability to view/download with nursing care plan and document NOC assessments and nursing activities performed from a SDU patient dashboard.	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.A.14	Provide the ability to incorporate/integrate NOC patient status assessments and nursing activities into SOAP notes.	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.A.15	Provide the ability to link SDU level-of-care dashboards, SDU patient dashboards, individual SDU nurse dashboards, SDU medical provider dashboards.	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.A.16	Provide the ability for staff designated by the organization must have the ability to periodically modify and or redefine all of the "lists"	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.A.17	Provide the ability to complete a discharge of a patient that will notify the nurse to coordinate transfer of the detained.	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.A.21	Provide the ability for the nurse to document the actual movement of the detainee to document that the bed is / difficult/ vacant.	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.A.22	Provide the ability to reconcile inpatient orders to ensure continuity of orders during the transition to the ambulatory care practices	1.1 CORE - CLINIC SUPPORT (Start Step Unit: Bed Management (Reference MBS 1.1.B))							
1.1.B	**Transfers (Reference MBS 1.1.B)**	**1.1 CORE - CLINIC SUPPORT**							
1.1.B.1	Provide the ability to identify a list of patients that are scheduled to arrive at the facility when documented by ICE in the Evidence system.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.2	Provide an indication when an inbound detainee has an existing medical record in the EHR system for review prior to arrival to improve continuity of care and site preparation efforts.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.3	Provide an indicator on the list of inbound detainees that identifies patients that have active medical holds or medical alerts.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.4	Provide the ability to select a detainee from the list of inbound to go directly into the individual medical record as needed by staff assigned to review the list of inbound detainees.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.5	Provide the ability to provide a list of detainees that are planned for transfer after ICE "documents" the plan to move the detainee as early as possible to support review of "critical" medical issues impacting transport	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.6	Provide a list of detainees that have been designated by ICE as "final" and require a transfer summary from medical.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.7	Provide the ability to review the current TB Clearance status based on medical information entered into the EHR by other staff at previous sites.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.8	Populate the I-213 ("Medical Summary of Federal Prisoner - Alien In Transit") currently filled form I-259/ SDC with the data already in the medical record (medications, problem list, TB clearance), Facility Discharge Summary, Medication List, Education Materials) and prompt for additional questions to complete the sections required by the form.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.9	Provide the ability to review all detainees after ICE identifies the detainees through entry into the Evidence system.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.10	Provide the ability for users to sort (by date/time of departure, transportation grouping/manifest, and select several detainees from the list of detainees to complete the transfer summaries.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.11	Provide the ability to review of the entire medical record during the transfer summary preparation process.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.12	Provide the ability to review the full medical record for approval of transport and simultaneously answer the appropriate questions needed for the I-203(s) transfer summary.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.13	Provide the ability for a user to sign the I-203(s) transfer summary with an electronic signature placed on the signature portion of the document to complete the I-203(s) Medical Summary of Federal Prisoner - Alien In Transit (currently filled form I-259/ SDC) form.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.14	Provide the ability to create a patient summary for departure from the facility including diagnosis, current medications, medical alerts, holds and special needs, immunization history, laboratory values, and TB clearance.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.15	Send an order for all active medications to the Pharmacy for consideration by Pharmacist to validate that medications in record for transport	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.16	Provide the ability to complete the full review of the medical record and answer the questions required for the I-259/ SDC and place in a hold status until Pharmacy completes the determination of the transfer medications.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.17	Provide an indicator when the transfer medication list is finalized system (transfer medication list is final) to indicate to the nurse that the transfer summary is prepared for final review and printing.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.18	Provide the ability to print, after completion of the review of medical record and the transfer review, one or all the necessary documents as needed by individual patient (Alien In Transit Form I-259/ SDC, Facility Discharge Summary, Medication List, Education Materials).	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.19	Provide the ability to print instructions and education on all medications in language the individual speaks.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.20	Provide the ability to allow print a separate immunization record for the detainee.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.21	Provide a single "Transfer Dashboard" to view of the status of all data transfers and provide a status on the transfer summary, printing of the various documents (1.1.1.1b to 1.1.1.1b.19) and the status of the medication orders	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.22	Provide the ability for designated ICE staff to access transfer summaries electronically for a specified amount of time after transfer from the facility while documenting the individual who accesses and prints the transfer summary	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.23	Provide the ability limit access to transfer summaries by role security.	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.B.24	Allow any special instructions entered by providers during encounters to be included in the transfer summary to be edited by the individual for clarification or transition to ingnad's terms prior to finalizing the transfer summary	1.1 CORE - CLINIC SUPPORT (Transfers (Reference MBS 1.1.1B))							
1.1.C	**Clinic Management and Clinical Oversight (Reference MBS 1.1.1C)**	**1.1 CORE - CLINIC SUPPORT**							
1.1.C.1	Provide a management module for Medical Director to define what actions require co-signature (CD, Provider, Nurse, Leads) based on national standards.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.2	Provide the ability to allow Local Clinical Director to define additional items that require signature by individual due to limited education in certain specialty areas more restrictive than items identified by the Medical Director	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.3	Provide the ability to review all changes to the NOC list of items requiring co-signature for consideration by Clinical Directors to include a filter list of items requiring co-signature in addition to NOC directed items.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.4	Provide the ability to view individual encounters that include all documentation and actions taken during each encounter (orders, diagnosis, referrals, clinical decision support) while reviewing encounters.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.5	Provide the ability to view the full patient record from the review of individual encounters to understand the documentation in context of the full medical record.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.6	Provide the ability to allow Manager's to view all notes that have not been finalized by users to ensure documentation is complete within an appropriate time after the actual patient encounter.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.7	Provide the ability to include Administrative Notes in the medical record.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.8	Provide the ability to document notes regarding a detainee between through messaging between the providers. (Should this be included in the medical record? OPLA question.)	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.9	Provide the ability to view the progress note in the final format while the note is being developed through extraction of various forms and entries processes to ensure a comprehensive understanding of how the medical information being entered will be posted to the medical record.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.10	Provide the ability to override the designation as a significant detainee threat.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.11	Provide the ability to identify individual assets facing trust for a specific type of disease that will receive alerts based on a specific set of criteria for review consideration (Infectious Diseases, DM2/PA, substance abuse, depression, delirium, infectious disease)	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.12	Staff must automatically sent to local time and time changes (daylight savings).	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.13	Provide the ability to indicate any visual or hearing impairment of a detainee for reference.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.14	Provide adequate quantities of devices to replace the existing devices on hand at each site that can be brought on line based on historical failures and dependency factors on continuity of operations.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.15	Provide the ability for users to log off a computer and return to the same screen on another computer to continue working, on the same functions in a streamlined fashion.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.16	Provide access to information available in drug references on demand when completing drug related activities (order entry, renewal, pharmacy encounters and pill line.)	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.C.17	Provide the ability to print and attach wristbands to each detainee with a photograph, demographic information and a 2-D/Matrix bar code during the intake screening process.	1.1 CORE - CLINIC SUPPORT (Clinic Management and Clinical Oversight (Reference MBS 1.1.1C))							
1.1.D	**Credentialing and Privileging (Reference MBS 1.1.1D)**	**1.1 CORE - CLINIC SUPPORT**							
1.1.D.1	Provide the ability to document all required items (license, relevation verification, privileging, approval, National PractiScreen Clearance), necessary to be authorized to treat patients.	1.1 CORE - CLINIC SUPPORT (Credentialing and Privileging (Reference MBS 1.1.1D))							
1.1.D.2	Provides the ability to produce reports, alerts and notifications to those managing credentials to ensure individuals are removed from access to the system when the required documentation expires.	1.1 CORE - CLINIC SUPPORT (Credentialing and Privileging (Reference MBS 1.1.1D))							
1.1.D.3	Provides opportunity for individuals to collaborate on documentation kept at HQ and periodic need reconciliation needs, to validate required events (licensure, annual training, etc.) are kept accurate.	1.1 CORE - CLINIC SUPPORT (Credentialing and Privileging (Reference MBS 1.1.1D))							
1.1.D.4	Provides the ability to look/suspend accounts for a specified timeframe of non-compliant or due documents.	1.1 CORE - CLINIC SUPPORT (Credentialing and Privileging (Reference MBS 1.1.1D))							
1.1.E	**Exchanges of medical information with health organizations and partners. (Reference MBS 1.1.1E)**	**1.1 CORE - CLINIC SUPPORT**							
1.1.E.1	Provide the ability to grant access to the IGSA medical record information to Contract Medical Staff at non-IGSA's sites through web access when a detainee is slated to be transferred to their facility.	1.1 CORE - CLINIC SUPPORT (Exchanges of medical information with health organizations and partners. (Reference MBS 1.1.1E))							
1.1.E.2	Provide a method of identifying medical information that is available on detainees through interoperability addressing the patient identifier differences arising at facilities configured to interoperate with IGSA.	1.1 CORE - CLINIC SUPPORT (Exchanges of medical information with health organizations and partners. (Reference MBS 1.1.1E))							
1.1.E.3	Provide a web based set of standard medical activities and notifications required for each detainee per the ICE Performance Based National Detention Standards (PBNDS) to include: Intake Screening (Sick/Fee, Short Call Requests & Response Data, 14-Day Physical Data, Medical Alerts/Holds, Special Needs, Medications, Problem List	1.1 CORE - CLINIC SUPPORT (Exchanges of medical information with health organizations and partners. (Reference MBS 1.1.1E))							
1.1.E.4	For ICE Contract sites that include medical services (non-ICE, Non-IGSA sites) and have an Electronic Medical Record (EMR) in place, utilize interoperability Standards and Processes in the industry to obtain necessary health records for each ICE detainee in custody at their facility to support Continuity of Care and Oversight of Medical Services Provided.	1.1 CORE - CLINIC SUPPORT (Exchanges of medical information with health organizations and partners. (Reference MBS 1.1.1E))							
1.1.E.5	Support the transition between Web EHR to full exchange of medical records when a facility successfully brings an Electronic Health Record online through interoperability. Wraps data feeds to process data for continuity of historical compliance after the transition to exchange of full medical records.	1.1 CORE - CLINIC SUPPORT (Exchanges of medical information with health organizations and partners. (Reference MBS 1.1.1E))							
1.1.E.6	Provides the ability to provide remote access to the IGSA's health record for all site medical providers providing specialty and emergency services.	1.1 CORE - CLINIC SUPPORT (Exchanges of medical information with health organizations and partners. (Reference MBS 1.1.1E))							
1.1.E.7	Provides the ability to update the medical record with all clinical documentation related to off-site referrals and Tele-Health encounters from the patient encounters to support initiation of external provider orders through workflow processing after approval by IGSA providers (example: medication orders).	1.1 CORE - CLINIC SUPPORT (Exchanges of medical information with health organizations and partners. (Reference MBS 1.1.1E))							
1.1.F	**Medical Interviews (Reference MBS 1.1.1F)**	**1.1 CORE - CLINIC SUPPORT**							

1.1.14.1	Provides the ability to document the receipt of several grievances at once to ensure accountability.	1.1 CORE - CLINIC SUPPORT (Medical Grievances (Reference WBS 1.1.14))							
1.1.14.2	Provide the ability track the scanning of submitted grievances into the medical record.	1.1 CORE - CLINIC SUPPORT (Medical Grievances (Reference WBS 1.1.14))							
1.1.14.3	Provide the ability to categorize grievances by type and level of severity.	1.1 CORE - CLINIC SUPPORT (Medical Grievances (Reference WBS 1.1.14))							
1.1.14.4	Provide the ability to document the conclusion of the grievance.	1.1 CORE - CLINIC SUPPORT (Medical Grievances (Reference WBS 1.1.14))							
1.1.14.5	Provide the ability to document an appeal of a specified grievance.	1.1 CORE - CLINIC SUPPORT (Medical Grievances (Reference WBS 1.1.14))							
1.2	**1.2 CORE - PHARMACY**	**1.2 CORE - PHARMACY**							
GR.1.2	**Pharmacy / Pharmacology General Requirements**	**1.2 CORE - PHARMACY**							
GR.1.2.1	Provide baseline capability of the Correctional Institute Pharmacy System (CIPS) - Kalos, Inc as represented through remainder of document.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.2	Provide a system that has a central database that stores data from all sites using clinical or oversight capability of the pharmacy system.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.3	Provide real-time updated with data from the sites transferring data to central server or updated on regular intervals (currently each 2 minutes).	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.4	Integration of patient demographic information (Name, Alien Number, Date of Birth, Home of Record, and Housing Unit) to ensure consistency of data between EHR and Pharmacy System.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.5	Accept accurate allergy information from clinic support module for drug interactions.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.6	Accept the current diagnosis (problem list) from the clinic support module for consideration on all work done in the pharmacy module.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.7	Support the ability for the Pharmacist to enter the allergies that will update all EHR modules.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.8	Allow complete review of the medical record from all modules of the EHR system for consideration without having to re-initiate credentials or take multiple steps.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.9	Provide the EHR-S user available to EHR users the current on-hand inventory at the time of the order for use in maximizing the use of existing stock to improve delivery time and reduce the use of off-site alternatives that may have a longer lead time.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.10	The inventory of the Pharmacist must be visible to other facilities to initiate transfers of medications of medications and central fill medications.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.11	Provides ability to restrict medications on MML based on provider type (MD vs. MLP, etc) and prompt for signature by local CD or HQ Medical staff based on the source of the criteria is changed in MML.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.12	Provide the ability to enter new detainee/patient to Pharmacy system when parent system/network off line and reconciliation with demographic and medical information in interfaced/integrated packages upon "sync" with parent system/network. Provide automatic demographic updates with Jail Management System	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.13	Provide the ability to generate the order without provider coordination if the original medication order has adequate number of days required (typically 7 days) without a separate order.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.14	Provide the ability to view the date and time of the last update from the jail management system where the housing location.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
GR.1.2.15	Provide the ability to place new medications within the stocking plan.	1.2 CORE - PHARMACY (Pharmacy / Pharmacology General Requirements)							
	Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology	**1.2 CORE - PHARMACY**							
GR.1.2.16	Provide the ability to allow an individual or group of individuals to be responsible management (updating, changing, etc.) of the master medication list (MML) based on the American Hospital Formulary System (AHFS) and allow MML manager to annotate IGSA Formulary vs. non-formulary, Keep on Person vs. Pill Line Only, etc shared between the Pharmacy and EHR system.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.17	Provide the ability to allow MML manager to identify which medications formulary and non-formulary.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.18	Provide the ability to view only the medications from the MML on the IGSA formulary medications. Allow expansion to non-formulary medications when needed.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.19	For non-formulary, automatically creates a non-formulary approval request with provider justification for appropriate approval	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.20	Provide the ability to identify which drug/strengths are in stock versus drug/strengths that are not in stock at the time of order.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.21	Provide the ability to allow MML manager to identify medications that should be considered critical at the time of order with override capability by to make a medication critical that is not listed as such on the MML.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.22	Link all prescriptions to a diagnosis while allowing allow several medications to a single diagnosis.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.23	Support the development of workflow/alerts regarding critical medications to develop enhanced workflow for key IGSA staff (Clinical Director , Health Services Administrator, Infectious Disease Officer, Epidemiology, Managed care, Medical Director, etc.)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.24	Provide the ability to allow MML manager to identify which are not eligible Keep on Person (KOP)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.25	Support designation of any KOP approved medication as Pill Line while preventing any Pill Line mandatory from being listed as KOP.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.26	Provide the ability to allow Pharmacist to override provider decision to select as a pill line medication based on workload and collaboration with nurses.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.27	Provide the ability to allow MML manager to develop standard education for each medication and translate into multiple languages to be given on transfer.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.28	Provide the ability to allow local Pharmacist to designate medications on the MML for the facility that have a standardized sig and prevent providers from recommending an alternate SIG.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.29	Provide a list of all pharmacy orders that are due to expire by expiration date range, ordering provider, medication category, and critical status.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.30	Provide a list of active medication orders, the ordering provider, expiration date, and the next appointment date, housing unit, sex, etc with the ability to drill down on any criteria shown.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.31	At the point of selection, present the data from the MML which medication are Pill Line Only and Keep on Person eligible.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.32	For Pill Line Only medications, do not allow providers to request KOP for those medications.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.33	Provide the ability for provider select a more conservative approach to have all medications for a particular detainee as pill line medications.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.34	Prevent provider from ordering 1/2 tablets or capsules	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.35	Prevent provider from ordering "crushed" on any time release formulation (to be managed/identified by Pharmacy staff and/or Formulary manager) through additional annotations in the MML	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.36	Provide the ability to allow only Pharmacy staff to over ride order to fill for available stock (I.e. if provider desires 10mg dose and 1/2 a 20mg must be dispensed.)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.37	Provide the ability to allow for automatic population of sig for medications that apply to a specific medication (NTG, Nix, Elimite, etc.) to be populated at local Pharmacy level in the Master Medication List. .	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.38	Provide the ability for Local Pharmacy staff to remove a particular medication and strength to not be displayed for provider selection. (I.e. if a particular medication is not stocked at the local Pharmacy, a provider cannot write an order for that medication until Pharmacy staff makes available)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.39	Provide the ability to allow for printing of "hard copy" prescriptions in legal format as established by DEA for all Controlled Substances (for co signature/signature by MD, DO, or DDS for DEA Required documentation and for use in using local network Pharmacy)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.40	Provide the ability to allow for other institutions to "pick up" (see and fill) orders from other IGSA sites institutions to provide Pharmacy services in lieu of utilizing LAN or Mail Order Pharmacy. (Central Fill)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.41	Provide the ability to allow for orders filled at other IGSA Pharmacies to be received and tracked in inventory (lot number, etc) upon receipt utilizing bar code technology (linear and/or 2-D)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.42	Ensure delivery of orders filled from other IGSA Pharmacies continue the process of delivery of medications to the patient identical to format and function as if ordered and filled at local institution.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.43	Provide the ability to allow a facility to designate (on demand) another IGSA Pharmacy to receive orders from another location "tagged" as Central Fill Pharmacy for another site at local level. (I.e. Houston given access to Batavia system to fill all orders. Pharmacists accepts designation.)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.44	Provide the ability to allow for Central fill to designate that orders for another IGSA site have been filled in individual order and on pending screen at the original ordering site (should be populated by once placed in filled status)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.45	Provide the ability to allow for Central fill to designate that orders for another IGSA site have been shipped in individual order and on pending screen at the original ordering site (should be populated by once placed in filled status)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.46	Provide the ability to allow for selection and status change of multiple orders at one time. (Pharmacy staff do not need to open each order to change status)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.47	Provide the ability to allow for electronic sign off that detainee has picked up KOP medication via biometric, bar code scan, and or selection by medical staff	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.48	Provide the ability to allow for single screen showing all KOP medications to be dispensed. Screen should be populated with all order information and ability to sort by each field (Name, housing unit, etc)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.49	Provide the ability to select multiple orders at once in KOP medication distribution screen to document distribution (I.e. Staff member should be able to select all KOP orders for a particular detainee at once to mark as given to detainee in a single action if giving)	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.50	Provide the ability to review each KOP medication distribution screen to allow for staff to check/verify medication order was filled correctly	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.51	Provide the ability to track inventory and DEA scheduled items held outside of the pharmacy	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.52	Track all DEA items in the pharmacy per requirements of scheduled narcotics to include documentation and chain of custody requirements for controlled substances.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.53	Track additional medications that arrived at intake screening and is placed into nursing sub-stock.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.54	Provide the ability to set Par level (minimum stock on shelves) for each individual product.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.55	Provide recommended par levels based on order to receipt time by vendor source (prime vendor, mail order pharmacy, etc) to ensure there is adequate part levels to meet the need of the population/	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.56	Ensure the system makes recommendation to increase or decrease par levels based on drops in consumption to prevent expired stock.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.57	Provide the ability to stock and track Over the Counter (OTC) medications distributed through the OTC stock.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
GR.1.2.58	Provides a list of all medications given per Nursing Guidelines and documented in the nursing encounter.	1.2 CORE - PHARMACY (Medication Orders (This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							

QR.1.2.59	Reduce the quantity on hand for each administration of medications under 'RN' guidelines for end of shift counts.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.60	Provide the ability for provider to isolate medications given from "After Hours Stock", linked with separate inventory for After Hours stock, and reports of all medications given as After Hours Caffeine.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.61	Allow the establishment and management of par level for 'After Hours Stock, and ABC report to generate on Pharmacy patients/room specifically stating which products need refilling.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.62	Update the inventory of all medications taken from after hours stock and linked to a prescription order and that quantity is removed from initial pharmacy fill.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.63	Provide method of developing treatment templates that recommend a series of medications for a specific disease management as directed by the PCO/directors, Local Clinical Director and Pharmacy. Link template to medications, strength, and sig to enhance standardization, inventory management.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.64	Provide capability to identify critical medications if the MAR, does not already indicate a critical medication.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.65	Provide provider capability to identify a medication as "required for transport" to ensure it is placed on Transfer Summary as a required medication and an order goes to pharmacy to fill the medication before departure.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.66	Based on the medication profile in the formulary management console, automatically re-establish authorized drugs for travel medications requiring co-signature after the fact. Road cluinic should prevent the use of this feature for controlled substances.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.67	Provide the ability to allow providers to change the status (critical vs. not critical) of a medication throughout the order duration and track history and provider changing the status.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.68	Translate the selected frequency to ph (mentioning 'each times per day per population.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.69	Provide option to require vital signs (blood sugar or blood pressure) during pill line.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.70	All orders sent to main order pharmacy include the generic name.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.71	Provide the ability to order one-time oral medications for administration to a patient at the location of available stock (Pharmacy, AMPR, ADC).	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.72	Provide the ability for providers to enter 'rich' parameters identifying 'where outside an acceptable range	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.73	Provide a consistent manner of packaging, regardless of the source (In-House Pharmacy, Pharmacy from another facility, Wait Order or Local off-site pharmacy), ensure the medication is received in the manner (dose, quantity, dose, packaging) that will match the requirement at the time of dispensing.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.74	Provide the ability for the user to electronically verify the order review, verifying the Medication Administration, and document the correct and valid expiration date.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.75	Provide the ability to process all medications (on-hoe and offline/variable) through the normal ordering process, even those medications that are given out through RN guidelines during individual encounters.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.77	The Pharmacy system must communicate requirements to the supporting medication preparation and dispensing systems that will preserve medication inventory accountability and security.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.78	The Pharmacy system must communicate requirements to the supporting medication preparation and dispensing systems that will preserve medication inventory accountability and security.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.79	The PMIS and medication preparation/dispensing systems must provide the flexibility to support a number of delivery approaches, including: short cycle and/or part cycle, patient-specific distribution and functionality that limits the availability of unordered drugs in patient care areas.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.80	Provide the ability for a user to designate and fill an order as a short cycle, where a 28 day medication is turned into 4 cycles of 7 days.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.81	Provide the ability to categorize each pharmacy order with the following categories: Routine, RN Guidelines, Transfer, after hours verbal (ath) and the ability to place a priority routine, critical, stat, or wait medications.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.82	Provide the ability to define parameters to prioritize the order fulfillment center/pharmacy, stat medications, critical medications and batch orders to such that the priority level is clear to all pharmacy staff for the fulfillment.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.83	Provide the ability to identify a nursing process for pill line and YCP by housing area, transfers as well as function to align with the chain of custody documentation done by the nurse to receive and account for all medication orders for all time, YCP delivery and transfers.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.84	Provide controlled substance (narcs) management reports (user designated time period, and/or by type of drug, and/or by specific user, and/or by specific patient) to include user, date, time, drug, and quantity removed via AMPR and user, date, time, drug, patient (if applicable), and quantity dispensed AMPR.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.85	Based on local and national settings, recommends formulary alternatives for medications.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.86	When shelf stock is a specified amount below par, notify the Pharmacy staff.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.87	Provide the ability to generate separate "Transfer/Release" prescriptions as separate, emergency prescriptions as authorized by state laws, with the same tracking mechanisms as a standard medication order	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.88	When shelf stock is a specified amount below par, notify the Pharmacy staff.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.97	Provide the ability to generate separate "Transfer/Release" prescriptions as separate, emergency prescriptions as authorized by state laws, with the same tracking mechanisms as a standard medication order	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.98	Allow the Comprehensive Provider Order Entry in the EHR to generate real time order for pharmacy from EHR and updates EHR with the fill order establishing a fully synchronized medication profile for each detainee in the EHR. Ide EHR to include status of medication order (Shad, on order, open for pill line, expired, etc.) and generates workflow when co-signature required by MAL.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.99	Provide specific user permissions to support uddmond-site activities required of the system roles that require clinical knowledge.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.100	Provide comprehensive drug, interaction checking at the time of order and fulfillment.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.101	Provide the ability to remove medications from processes after the individual has been confirmed that he is no longer in the facility. A detainee on medication departs a facility and is not booked back in for a specified number of days per facility. Trigger cancellation of medications by Pharmacist.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.102	Provide mechanism with minimal provider input (clicks) to renew medication(s) due to expire for detainees still in custody.	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
QR.1.2.103	Provide the ability to categorize the interaction notifications by level, to allow the Clinical Directors to approve the level of warnings on an individual basis	1.2 CORE - PHARMACY (Medication Orders) This section is duplicate with the Order Portion of the Pharmacy System) as the capability can reside in either 1.1 Clinic Support or 1.2 Pharmacology)							
1.2.2	**Master Medication List and Formulary Management**	**1.2 CORE - PHARMACY**							
1.2.2.1	Provide the ability to manage and define a Master Medication List (MML) for all of IDOR facilities based on American Hospital Formulary System (AHFS).	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.2	Provide the ability to add and define parameters to the MML to assist in developing workflow, reports and processes related to providing and dispensing.	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.3	Provide the baseline parameter of the MML to allow designation as Formulary and Non-Formulary based on IDOR formulary	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.4	Provide the baseline parameter to allow designation of each medication as "PO Low Only", "Keep on Person (KOP) or "PO Low or KOP"	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.5	Provide the baseline parameter on the MML that identifies the type of provider/s that can prescribe each medication. (MD/DOs, NH/Limited and Nurses)	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.6	Provide the baseline parameter on the MML that allows designation of medications as a mandatory/critical medication.	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.7	Provides ability to restrict medications on MML based on provider type (MD, ❌ NCP, etc) and prompt for sig orders by local CD or HQ Medical staff based on the source of the criteria is changed in MML	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.8	Provide the ability to identify which medications on the MML that are to be designated as a short cycle medications for the specific facility to trigger appropriate workflow.	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.9	Provide the ability to identify medications on the MML that will ☑ugger co-signature based on the type of provider generating order. Example: if an NCP is generating an order to restrict/ord in the MML to "MD only" prompts NCP and/or MD that order being generated and will be sent to MD for co-signature.	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.10	Provide the ability for the MML to identify extra-housing units as "PO Low" only that will transfer medications to jail line if they are a transfer out	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.11	Provide the ability for IDOR, Manager of Inmate and Division Health, (or designated) to restrict/ to category population, housing, or other attributes, to define ways that are standard for a particular medication associated with that specific medication, pill line only, MD only, etc.	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.2.12	Provide the ability to indicate local preferences on the MML/formulary based on local site and Clinical Director preferences.	1.2 CORE - PHARMACY (Master Medication List and Formulary Management)							
1.2.3	**Order Fulfillment**	**1.2 CORE - PHARMACY**							
1.2.3.1	Access to complete medical record for validation of prescription.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.4	Require that each medication order have an associated and linked diagnosis (one diagnosis can have more than one linked medication)	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.5	Access to formulary with capability of overriding by restricted/non-preferred in the MML	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.6	Support an approval from appropriate member of IDOR, for any Non-Formulary medications ordered by providers.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.7	Provide access to historical and medication profile. Drug information, interactions, labs, diseases and homeopathic remedies.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.9	Provide access to current problem list / diagnosis.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.10	Interoperate with the clinic support module's functionality to not prevent it's the Pharmacy support module.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.11	Accepts an automatic order for an "Emergency Refill / Transfer Medication" order to the pharmacy module based on any current active orders when a Transfer Summary is requested by ICE (movement initiated or planned in Enforce). Transfer medications are generated as new prescriptions that do not affect current medication orders.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.12	Allow for Pharmacy to remove orders from transfer summaries for medications given in house that are not medically necessary during transport.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.13	Provide the ability to notify the provider when a detainee on a certain medication.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.14	Allow Pharmacist to send individual orders pending for local pharmacy fulfillment to Wait Order Pharmacy or a Local off-site pharmacy and the local IDOR Pharmacy	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.15	Provide ability to change the delivery method from KOP to PO3 time when detainee admitted to housing unit that requires PO Line. Allow change of the delivery method without Provider needing to cancel old order and prescribing new. Allow for maintenance of order by Provider and/or Pharmacy to change status without requiring new orders.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.16	Provide the ability to change the status between PO Line and KOP unless explicitly identified in the HQ or local MML that that medication cannot be KOP.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.17	Provide the ability for a pharmacist to view pending orders from other facilities, sorted by facility with other sort parameters within the system.	1.2 CORE - PHARMACY (Order Fulfillment)							
1.2.3.18	Provide a queue of orders as completed by provider pending fulfillment by the pharmacy with: Dressing options, Drug, Drug strength, Route, Frequency, PM Line (Y/N) - From MAL with override capabilities)	1.2 CORE - PHARMACY (Order Fulfillment)							

2.2.2.19	Provide capacity for Providers, Pharmacy and Nursing to maintain full chain of custody on each medication. A query for orders pending / results in queue or nursing to accept the medication order, resulting in triggering of handoff/ transfer medication administration, changes to medication orders, removal from pill line-ups, triggering refills, approving refills and filling refills.	2.2 CORE - PHARMACY (Order Fulfillment)							
2.2.2.20	Provide the ability to maintain the chain of custody approvals (ordered, received by nursing, placed on appropriate pill line) regardless of the pharmacy (in-house Pharmacy, central RX Pharmacy, mail order or off-site local Pharmacy).	2.2 CORE - PHARMACY (Order Fulfillment)							
2.2.2.21	Provides the ability to support fulfillment of authorized substitutions per the guidance from the National Drug Code (NDC) without requiring refilling of the order by the originating provider (unless no substitutions is indicated on the original order). Shows the NHA this current medication is always prevalent substitutions users.	2.2 CORE - PHARMACY (Order Fulfillment)							
2.2.3	**PRO-Rx Management**	**2.2 CORE - PHARMACY**							
2.2.3.1	Allow all orders to be differentiated between Keep on Person (allowed to keep in their belongings) etc and PRO Lone fully implementing the requirements set forth in GR 1.7.7	2.2 CORE - PHARMACY (PRO Lines)							
2.2.3.2	Hosted PRO Line Only Medications per Master Medication List from being overridden by eKardia.	2.2 CORE - PHARMACY (PRO Line)							
2.2.3.3	Allow PCP medications designated on the Master Medication List to be designated as PRO Line by Provider or Pharmacist	2.2 CORE - PHARMACY (PRO Line)							
2.2.3.4	Allow Pharmacist to Override Provider that has placed a pill line medication as PCP	2.2 CORE - PHARMACY (PRO Line)							
2.2.3.5	Provide the ability for local facilities to modify specific parameters on the MAR, that applies to the local site that are more constrictive (not less) than the headquarters level MAR.	2.2 CORE - PHARMACY (PRO Line)							
2.2.3.6	Provide the ability to support use of mobile medication carts compartments for each frequently used medication on the MAR, where access to each medication is accessible only upon scanning a database ID or wristband where an associated medication is due.	2.2 CORE - PHARMACY (PRO Line)							
2.2.3.7	Provide the ability to calculate the appropriate minimum number of medication required in the medication compartment to meet the requirements of the all medications while minimizing the counts required at boxes at the end of each pill line to ensure 100% accountability of all medications.	2.2 CORE - PHARMACY (PRO Line)							
2.2.4	**Inventory Management - Orders**	**2.2 CORE - PHARMACY**							
2.2.4.1	Allow establishment of stock medication par levels per facility/building per levels for each medication based on current and projected usage.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.2	Creates orders to Prime Vendor based on Par Levels, Current Stock and Pending Orders.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.3	Transmits Order automatically to Prime Vendor	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.4	Receives confirmation from Prime Vendor on what items they are able to fill; on-other sources can be sought for items not filled.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.5	Streamlined receiving of medications through bar coding to update current inventory.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.6	Provides inventory management process to identify any discrepancies.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.7	Provide the ability for Pharmacy systems to support adjustment and maintain par levels for each medication which serves as the basis of all orders.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.8	Supports notifications and alerts based on any inventory adjustments.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.9	Uses Pharmacist and Clinical staff which medications are currently available in the Pharmacy at the time of order	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.10	Provides support of par levels and especially inventory process of nursing/mail stock in night carts and pill line carts where there may be individual doses collected from external sources, are designed to be administered at an earlier	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.11	Provides an accurate inventory of all medications in the Nursing Stock at all times with the ability to reconcile on a must log based (e.g. at the beginning and ending each shift).	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.12	Supports the designation of "Emergency Refill" of transfer medications per Pharmacy Law for travel medications to support continuity of care while in transit.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.13	Supports the process of a new separate order (and new prescription for each Transfer medication"	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.14	In Medical Record and on prescription label, see designation of Emergency Refill for transfer medication as "transfer/release medication"	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.15	Provide a process for HCA or Facilities to manage the appropriate action and disposition when medication is not administered to the detainee as ordered.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.16	Provide the ability to utilize the technology to expand the inventory management capabilities to include medication/pouch items and charges to ensure optimal accountability and streamline inventory management.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.17	Provide the ECRS ID scan capabilities to ECRS users the current on-hand inventory at the time of the order for use in maximizing the use of existing stock to improve lead time and reduce the use of off-site alternatives that may have a longer lead time.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.18	The inventory of the Pharmacist must be visible to other facilities to initiate transfers of medications of medications and users to fill medications.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.19	Provide the ability to enter new detainee/patient to Pharmacy system when upon system/network off-line and reconciliation with demographic and medical information in interface/drag-select package upon "back" with permit system/network. Provide automatic demographic updates with Jail Management System	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.20	Provide the ability to generate the order without provider coordination if the original medication order has adequate number of days required (typically 7 days) without a separate order.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.21	Provide the ability to view the date and time of the last update from the pill management system where the housing resides.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.22	Provide the ability to place new medications within the standing order.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.23	Provide ability to bar code each RX with either linear and 2-D (Matrix) bar coding for tracking all medication inventory.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.2.4.24	Provide NDC comparison ability in the medications based on GPI (therapeutic code NDF) or by McKesson, etc.	2.2 CORE - PHARMACY (Inventory Management / Orders)							
2.3	**CORE - DECISION SUPPORT**	**2.3 CORE - DECISION SUPPORT**							
2.3.1	**Clinical Decision Support (CDS)**	**2.3 CORE - DECISION SUPPORT**							
2.3.1.1	Provide the ability to incorporate subscription algorithmic evidenced based clinical guideline products as part of clinician workflow where the actionable recommendations from the guidelines are presented to the user.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.2	Illustrates the algorithm of the evidence based decision support clinical guidelines and present the appropriate suggestions based on the subscription algorithm and the inputs form the clinical data to the providers based on the calculation of the algorithm based on the data collected prior to and during the encounter that are established in the selected clinical guidelines.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.3	Apply clinical decision support to the provider but prevent the suggestions, recreational data, or the decision not to address a suggestion separate from the official medical record.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.4	Based on a diagnosis or other parameters that would support the applicability of a specific section of the guideline, prompt for all information required by the subscription algorithmic evidence based clinical guidelines to present the appropriate actionable clinical recommendations to the user.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.5	Provide the management modules for organization leadership to edit or exclude individual evidence based decision support clinical recommendations from the selected subscription guideline based on the applicability of each guideline to the entire population or specific facilities.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.6	Provide the ability for each user to make comments on the recommendations from the implemented guidelines for consideration by individuals providing oversight and those managing the implementation of clinical standards through this management module within the system.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.7	Adrian the algorithmic evidence based clinical guidelines results at the time and location of decision making, and the point of care delivery (including offline/remote).	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.8	Attaches updates to the selected subscription algorithmic evidence based clinical guidelines subscriptions do not impact the integrity of the medical records, and maintains the historical data as born at prompted and disposition of recommendation and the management module layers (welcome or modifications for guidelines.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.9	Allows for entry of clinical guidelines developed internally by the organizational as an alternative to subscription based guidelines that can trigger a notification (meeting alert requirements) during the provider workflow to apply the guideline when specific criteria are met.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.10	Store medical protocols to be required when specific situations or conditions (examples: TB Patients, HIV Patients, Severe Mental Health Symptoms, are identified at any time in the clinical processes including encounters, sick-call, intake screening, that will trigger a notification (meeting alert requirements) when specific criteria are met during the provider for the provider to apply the protocol to the patient.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.11	Allow entry of unpredefined medical protocols in a process flow/graphical presentation where each answer identifies an action or question to be initiated by the provider	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.12	Provide the ability to present a graphical representation of each protocol to assist users in following complex protocols that are in place.	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.13	Allow the ability to require protocols to be triggered on various scenarios where users do not have an option to proceed without completion of the required actions (data collection, ask questions to document responses, etc.)	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.1.14	Provide the use of protocol at the time and location of decision making, at the point of care delivery (including offline/remote).	2.3 CORE - DECISION SUPPORT (Clinical Decision Support (CDS))							
2.3.2	**Reports**	**2.3 CORE - DECISION SUPPORT**							
2.3.2.1	**General Report Requirements**	**2.3 CORE - DECISION SUPPORT**							
2.3.2.1.1	Provide the ability to display, print and/or export of each report.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.2	Provide the ability to export data to other analytical tools (e.g., SAS, SQL) or MS Office products in all standard export formats (ok, csv, DBF, MS Access, MS Office).	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.3	Provide standard-level user interface for developing and viewing custom, standard and ad hoc reports throughout the system.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.4	Provide ability to save electronic copies of reports in MS Excel (*.xls) and Adobe (.pdf) formats.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.5	Provide tools for users to develop their own reports on all data elements. An example is query assistance (i.e. when searching on facilities, shows a list of all types) to show the results of the data query by the author of a new report for consideration in building the report accurately.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.6	Provide the ability to apply role based user security to the report level.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.7	Provide a list of each data element for each report developed.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.8	Provide a warning when running a report that may approach the limit of the allowable processing time.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.9	Provide ability for user to configure the "Statement Parser" or "Performance" limit on each report.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.10	Provide the ability specify common elements that are included or excluded based on various constructs in a specific report.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.11	Provide ability to schedule reports for automatic print/dist general/run sharing. Any report where it is accessible to various users.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.12	Provide capability to audit/track when each report is run and the data that presented at the time the data was run to ensure it is clear what data was presented at the time the report was run.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.13	Provide the ability to differentiate what fields should be considered a null value versus a zero for a specific field for statistical analysis.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.14	Provide capability to presented reports in graphical format (pie, bar, and other formats).	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.15	Provide ability to execute a report and sort by any of the fields included in the report.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.16	Provide the ability to identify data fields that are required by external standards to include ASAM National PREA Standards, HCCHO, ACA, TRIMOD, Family-Centered Standards.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.16	Provide controls on the ability for users and facilities to execute specific reports. Facilities may only run reports on their own facility. Within the facility, clinic leadership will be able to view certain reports where other users cannot. HQ staff will be able to run facility or reports on all facilities.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.17	Provide detail in the data dictionary that explains the source of the data, its format and other necessary parameters for data export and analysis.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.18	Provide the ability for specific users to develop their own reports using a report builder function and save using a report template.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.19	Provide report development tools to review the results of each query to verify report brings back accurate data during the report development process.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.20	Provide the ability to grant access to various individual reports developed for user during provider workflow.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.21	Provide the ability to create reports on real time data for reports that require data without performance degradation of the EHR supporting clinic processes.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.22	Provide the ability for all reports to be sorted by each field and provide for inclusion or exclusion by range in each field.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
2.3.2.1.23	Provide the ability to schedule and automatically generate reports to be sent to selected groups or those entities needing information via email, access through a central location or another alternary method within the ICE network.	2.3 CORE - DECISION SUPPORT (General Report Requirements)							
	Accept Detainee Into the Medical Facility/ Intake Screening (Reference MSS 1.1.1)	**2.3 CORE - DECISION SUPPORT**							
2.3.2.1	A report that shows the arrivals of the date/time detainees were booked in by ICE or the arrival time documented at intake screening	2.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility/ Intake Screening (Reference MSS 1.1.1))							
2.3.2.2	A list of detainees that have arrived by facility, by date, within a specified date range (Name, Alien Number, Country of Origin, Date of Birth, etc.) with their status (Pending TB Determination, Pending X-Ray, Pending Screening, Completed, with a disposition: General Population (GP), Immediate referral to medical, GP with referral to medical, Isolation, Emergency	2.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility/ Intake Screening (Reference MSS 1.1.1))							
2.3.2.3	Provide a list of all Check X-Ray TB screening results warranted by date range (patient demographics, testing)	2.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility/ Intake Screening (Reference MSS 1.1.1))							
2.3.2.4	Provide a list of detainees in custody and the time the intake screening took to complete by date range.	2.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility/ Intake Screening (Reference MSS 1.1.1))							
	Scheduling (Reference MSS 1.1.2)	**2.3 CORE - DECISION SUPPORT**							
2.3.2.5	Provide a report of the clinic schedule with capability to sort by date, time, provider, housing, encounter type.	2.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							

13.2.6	Provide a report of the clinic schedule with capability to filter by date, time, provider, housing, encounter type	1.3 CORE - DECISION SUPPORT (Scheduling (Reference MMI 1.1.3))							
	Encounters (Reference MMI 1.1.3)	**1.3 CORE - DECISION SUPPORT**							
13.2.7	Provide a list of completed encounters by date range, type, provider, facility	1.3 CORE - DECISION SUPPORT (Encounters (Reference MMI 1.1.3))							
13.2.8	Provide a list of absences in custody that have not been cleared for Kitchen as designated by a provider in a Physical Exam	1.3 CORE - DECISION SUPPORT (Encounters (Reference MMI 1.1.3))							
13.2.9	Provide a list of absences cleared for kitchen work by date range	1.3 CORE - DECISION SUPPORT (Encounters (Reference MMI 1.1.3))							
13.2.10	Provide a list of absences that have had their kitchen clearance voided by date range	1.3 CORE - DECISION SUPPORT (Encounters (Reference MMI 1.1.3))							
13.2.11	Provide a list of absences in custody that have been cleared for Kitchen work	1.3 CORE - DECISION SUPPORT (Encounters (Reference MMI 1.1.3))							
	Order Entry (Reference MMI 1.1.4)	**1.3 CORE - DECISION SUPPORT**							
13.2.12	Provide a list of all orders by type, facility, date, and provider	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.13	Provide a list of absences still on current Special Needs / BuTulleyns, forfeit date and its lead-short date.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.14	Provide a historical list of override watches by date range, by facility	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.15	Provide a list of patients with Facility activities/tasks to accomplish during the day not tardily moved out by nursing staff by standard facility order times (not on yet Lines on special monitoring	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.16	Provide a list of patients in custody with active medications	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.17	Provide a list of patient on a specific type of medications	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.18	Provide a list of all medications (active and inactive) by patient.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.19	Provide a list of patients on scan/cruise medication and particular strength of the medication (i.e. all absences taking lisinopril 10mg from date "x" to date "y")	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.20	Ability to run report from any field in the Pharmacy Package and to sort by any field, select based on any field, exist/not exist/enter based on any field.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.21	Provide a list of all absences that have received medications, by date and medication to include time given.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.22	Provide a list of all absences receiving medications Keep On Person, by date, time, medication, given, and health services staff that gave the medication to the absentee.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.23	Provide a list of absentees ordered DOT/ Schedule for date, medication, by provider, absentee, and DOT/ Schedule	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.24	Provide a list of meals fitted for whether SOM site to include time fitted and shipped with all other prescription information available	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.25	Provide a list of all medications received from another SOM site to include time, date, and staff member receiving	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.26	Provide a list of all provider orders by provider, date, and time	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.27	Provide a list of all medications discontinued to include, absentee name, absentee #, time discontinued, provider discontinuing, and the staff member acknowledging receipt from PW Line and/or KCP.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.28	Provide a list of all medications given on PW line by pill line time, housing unit, and provider	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.29	Provide a list of all medications due but not given by pill line time, housing unit, absentee, absentee #, provider and the reason not given.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.30	Provide a list of all critical noted medications not given by pill line time, housing unit, absentee, absentee # and provider	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.31	Provide a list of all absentees by dayroom to include medications, doses given, doses not given, absentee name, absentee #, housing unit, scheduled pill line times, and provider	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.32	Provide a list of all medications received from Prime Vendor (non-Scheduled) to include time, date, and staff member receiving	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.33	Provide a list of all Over The Counter medications given by absentee, absentee #, date, time, and provider giving	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.34	Provide a list of all medications given from After Hours Stock by absentee, absentee #, date, time, provider giving, and accompanying order for the medication	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.35	Provide a list of all verbal medication orders given After Hours	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.37	Provide a list of all medication orders that due to expire by absentee, absentee #, medication, medication strength, date written, date of expiration, org, provider, etc. (Data should be un-based on date range and ability to insert by exact date)	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.38	Provide a list of all orders due for valid, by date range with ability to run edits from this report and include or exclude based on Generic Product Identification Code, Drug Class and/or HCPCS Therapeutic Class Code	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.39	Provide a list of all medications by provider to include all information in the order and linked diagnoses	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.40	Provide a list of amounts of specific medication and strengths used by date.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.41	Provide a list of all drugs fitted and used ago monthly, weekly and daily usage of each by drug and drug strength (i.e. Drug, Strength, date range, average usage, actual usage)	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.42	Provide a list of all absentees with specified diagnosis to include medications and ability to include or exclude medications based on date range, Generic Product Identification Code, Drug Class and/or HCPS Therapeutic Class Code and dates given and/or entered.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.43	Provide a report of all Non-Formulary Requests by Date Range, Facility, Provider.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.44	Provide a report of all After Hours Orders Requests by Date Range, Facility, Provider.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.45	Provide a list of all abbreviations used in EQHR and Pharmacy packages.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.46	Provide a list of absentees in custody with a medical alert.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.47	Provide a list of absentees in custody with medical alerts that are pending transfer.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.48	Provide a list of current medical hold at all facilities	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.49	Provide historical medical holds by date range	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.50	Provide a current list of Protocol/Policy Based (e.g. CIWA for all absentees requiring TB clearances) for the Division.	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.51	Provide a report of Lab Results Pending	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.52	Provide a list of historical lab orders (current and, future, CLAS, with status (ordered, drawn, received, acknowledged but unorder)	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.53	Provide a report detailing the X-Ray response time (Response time of each patient)	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.54	Number of X-Rays that were ordered (results of the same identifier)	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.55	Monthly Trends (Nursing, Mental Health, Administrative) completed outside of scheduled range (number of minutes flexible specified in the system administrator)	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.56	All Facility Tasks (Nursing, Mental Health, Administrative) completed by by nurse provider and pinpointing order detail (provider, order type, detail, etc.)	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.57	Nursing tasks workload distribution (Summary)	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.58	Provide list of all rules or errors X-Ray	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.59	Provide a list of historical verbal orders by date range and status	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.60	Provide a list of historical orders etc with status (pending, approved, denied)	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
13.2.61	Provide a list of all orders etc with the number of days from init to actual completion, by specialty, by/FUN appointments	1.3 CORE - DECISION SUPPORT (Order Entry (Reference MMI 1.1.4))							
	Referrals (Reference MMI 1.1.5)	**1.3 CORE - DECISION SUPPORT**							
13.2.62	Add Number of ER Site Referrals by Category (Emergency Specialty, Inpatient, Mental Health, Mental Health Inpatient, Dental, X-Ray)	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
13.2.63	Provide a list Hospitalizations with current case management notes.	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
13.2.64	Add Short Stay Unit Provide a beds across all facilities	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
13.2.65	Short Stay Unit Provide a beds and their status (available, filled, not staffed, out of service.)	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
13.2.66	Provide a bed charge Provide a report Trade Name Provide a list of beds at all sites, indicating if the bed is occupied, empty, or not staffed.	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
13.2.67	Length of Stay report by facility, by specialty, etc.	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
13.2.68	Level of Acuity Provide a report for Short Stay Unit Admissions	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
13.2.69	A report that summarizes referrals by Region, by Facility, Specialty Type (Emergency e, Appointment), Injury or Chronic, Status for a specified date range to include previous and planned appointments.	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
13.2.70	Provide a report that lists the referrals By Region, by Facility, Specialty Type (Emergency e, Appointment), Injury or Chronic, Status for a specified date range to include previous and planned appointments.	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
13.2.71	Provide an export of all referrals submitted with the fields necessary for upload into the InfoCisarra System for the payment of claims based on current business processes. Format and constant of existing report from CareTracker must be matched.	1.3 CORE - DECISION SUPPORT (Referrals (Reference MMI 1.1.5))							
	Facility Activities / Tasks (Provider, Nursing, Mental Health) - (Reference MMI 1.1.6)	**1.3 CORE - DECISION SUPPORT**							
13.2.72	Provide a list of all Activities / Tasks by Date, Type, Provider, Activity / Task Type	1.3 CORE - DECISION SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health) - (Reference MMI 1.1.6))							
13.2.73	Provide a list of all activities that were completed beyond the timeframe set forth in the provider order.	1.3 CORE - DECISION SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health) - (Reference MMI 1.1.6))							
	PW Lines (Reference MMI 1.1.7)	**1.3 CORE - DECISION SUPPORT**							
13.2.74	Medications and a status for all doses distributed for each of the designated time parameters (time, day, week, month, year)	1.3 CORE - DECISION SUPPORT (PW Lines (Reference MMI 1.1.7))							
13.2.75	Allowed medication by pill line (carries), by provider, by date range	1.3 CORE - DECISION SUPPORT (PW Lines (Reference MMI 1.1.7))							
13.2.76	Medication distributions for a specified patient in the Medication Administration Record (MAR) format with the initials of each individual completing the medication administration with the date and time.	1.3 CORE - DECISION SUPPORT (PW Lines (Reference MMI 1.1.7))							
13.2.77	Medication distributions of a specific medication grouping, or medication type as defined by the Master Medication List.	1.3 CORE - DECISION SUPPORT (PW Lines (Reference MMI 1.1.7))							
13.2.78	Provide a list of medications not given for each distribution time to include reasons as entered. Provide ability to sort by reason and absentee.	1.3 CORE - DECISION SUPPORT (PW Lines (Reference MMI 1.1.7))							
13.2.79	HPMS work/other substance usage report	1.3 CORE - DECISION SUPPORT (PW Lines (Reference MMI 1.1.7))							
13.2.80	HPMS assign report	1.3 CORE - DECISION SUPPORT (PW Lines (Reference MMI 1.1.7))							
13.2.81	Provide a report of med orders that are authorized med be automatically forwarded to this designated manager.	1.3 CORE - DECISION SUPPORT (PW Lines (Reference MMI 1.1.7))							
13.2.82	Provide a list of medication and inventories for each ADC and ASPD on demand. (Drug Name, Strength, Quantity, Compartment)	1.3 CORE - DECISION SUPPORT (PW Lines (Reference MMI 1.1.7))							
	Sick Call (Reference MMI 1.1.8)	**1.3 CORE - DECISION SUPPORT**							
13.2.83	Provide a time to completion on each sick call request that resulted in an encounter with medical staff	1.3 CORE - DECISION SUPPORT (Sick Call (Reference MMI 1.1.8))							
13.2.84	Provide a list of sick call requests that were not seen with a reason for them not being seen (duplicate, already addressed, non-compliant)	1.3 CORE - DECISION SUPPORT (Sick Call (Reference MMI 1.1.8))							
	Short Stay Unit / Bed Management (Reference MMI 1.1.9)	**1.3 CORE - DECISION SUPPORT**							
13.2.85	Provide a bed utilization report providing the average daily census by specified date range.	1.3 CORE - DECISION SUPPORT (Short Stay Unit / Bed Management (Reference MMI 1.1.9))							
13.2.86	Provide a bed Utilization report based on primary and secondary reasons for admission, by provider, date range, and bed.	1.3 CORE - DECISION SUPPORT (Short Stay Unit / Bed Management (Reference MMI 1.1.9))							
13.2.87	OIG Availability Report - Total number of medical beds available, unavailable (inactive, broken, unstaffed, etc.) and Elderly. Includes breakout of the level of complexity	1.3 CORE - DECISION SUPPORT (Short Stay Unit / Bed Management (Reference MMI 1.1.9))							
	Transfers (Reference MMI 1.1.10)	**1.3 CORE - DECISION SUPPORT**							
13.2.88	Transfers from the facility by Date, Complete/Provider	1.3 CORE - DECISION SUPPORT (Transfers (Reference MMI 1.1.10))							
13.2.97	Provide time based medication administration plan for all absentees in transport to ICE officer for transport.	1.3 CORE - DECISION SUPPORT (Transfers (Reference MMI 1.1.10))							
	Clinic Management and Clinical Oversight (Reference MMI 1.1.11)	**1.3 CORE - DECISION SUPPORT**							
13.2.89	KDA Operations Workload - Provide a comprehensive workload report not using the existing workload Encounter Types, Provider Types, ROIs Addressed/Averages, Visits, Orders, PW Lines, Special Monitoring, Sick Call, Transfers, Referrals, Hospitalizations, Facility Activities / Tasks, Bed Management, Short Stay Unit, Medical Records, Pharmacy, Dental, Mental Health, Nursing, Scheduling, Year, Provide a current workload calculation for comparative analysis of future years. Provide a report Provides feedback/participating rates and management about workload productivity of field operations regarding selected essential events. Progress in Data Quality Assurance. Field Operations Management/Staff. STATISQA	1.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference MMI 1.1.11))							
13.2.90	KDA Operations Workload Ebb and Active Ins If Report - This report provides a summative account of EBC and Active Infection Isolation (or TB") rates at KDA staffed facilities for the specified timeframe. Progress in Data Quality Assurance. Field Operations Management/Staff. STATISQA	1.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference MMI 1.1.11))							
13.2.91	KDA Operations Workload Medical Services Visits Report - This report provides a summative account of reported medical services to ICE detainees at KDA staffed facilities for the specified timeframe.	1.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference MMI 1.1.11))							

3.2.91	OQA Operations Workload Chronic Diseases Visits Data Report - Provides feedback to participating sites and management about workload productivity of field operations regarding chronic diseases visits.	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.92	OQA Operations Workload Patient Encounters by Health Provider Report - Provides feedback to participating sites and management about workload productivity of field operations regarding patient encounters by health provider. Number of Encounters by Provider Encounter Type. Number of workload processes in-country by the function (pill line, lab draw, etc). Must be able to produce based on Facility or Select Multiple Facilities.	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.93	OQA Operations Site Based Selected Simultaneous Count Data Provide a report: Provides feedback to participating sites and management about workload productivity of field operations regarding Selected Simultaneous Count Data addressing workload workload factors not included in other processes.	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.94	Provide a report that shows the time between date of encounter and signatures by provider.	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.95	Reading data/alerts with Details (Patient name, Alien Number, Location of Patient, Location of Provider, Length of scheduled encounter, appointment type (medical, psych, etc.), referral status (when submitted when approved), Provider name for each encounter).	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.96	Emergency Transport - Provide a report of all Medevacations, Diagnoses, Allergies, and TB results for all patients in the user's facility. Also lists NAs (No Known Allergy).	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.97	Weekly/Biweekly Report - Counts of the number of different kinds of encounters performed during a specified date range for the user's facility. Includes totals for lowerings, Physical Exams, Pediatric Physical Exams, Pregnancy Physical Exams, and Chart Reviews.	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.98	The Organization must have the ability to prepare reports / criteria to all ICD, ICD, ICD, CPT, BRONZED, NANDA, NIC, NOC, HCPCS, ESMI & ADA Dental Codes with linkage to province verified report data format based on encounter type (referenced in report 1.0.0.1 and 1.0.0.2).	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.99	Provide a list of pregnant females in custody (Name, Alien#, Due Date, Number of Sons era, etc.)	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.100	Provide a list of all historical pregnant females with status (custody status , pregnancy completely, arrival date, release date (if available), time in custody, home of record)	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.101	Provide a list of detainees that have had miscarriages	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.102	Provide a list of detainees that have had SAOs 's or abortions	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.103	Provide a list of detainees that have given birth while in custody	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.104	Provide a summary of the changes by NO on the visual to chart / review and medication management on this local provider can table-time whether they still continue the visual screen.	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.105	Provide the ability to generate a letter in a memorandum format for use in providing an official update for non-Medical Personnel, responsible for detainee housing. Allow inclusion of specified items from the medical encounter (Encounter Type, Encounter Date, Encounter Provider, Encounter Location) to be selected for inclusion include: Provide a list Diagnoses, Scheduled Appointments, Number of Treatments, Treatment Authorizations Requested, Allow customization of the letter before finalizing and placing in the patient's chart.	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.106	Chronic Otal Average Daily Population (ADP) - Number of exact type of Chronic Patient versus ADP - By facility or all facilities	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.107	ICMA-10 over ADP - Count of ICMA diagnoses versus the Average Daily Population.	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.108	Provide a list of the alerts that were not acknowledged by a provider	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
3.2.109	Provide a list of alerts that were overridden	3.3 CARE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference HBB: 1.1.15)							
	American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.	**3.3 CARE - DECISION SUPPORT**							
3.2.110	Number of inmates with a positive tuberculin skin test in the past 12 months divided by Number of admissions in the past 12 months	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.111	Number of inmates diagnosed with active tuberculosis in the past 12 months divided by Average daily population in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.112	Number of conversions to a positive tuberculin test in the past 12 months divided by Number of tuberculin skin tests given in the past 6 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.113	Number of inmates with a positive tuberculin skin test who completed prophylaxis treatment for tuberculosis in the past 12 months divided by Number of inmates with a positive tuberculin skin test on prophylaxis treatment for tuberculosis in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.114	Number of Hepatitis C positive inmates in the past 12 months divided by Average daily population in the past 12 months	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.115	Number of HIV positive inmates divided by Average daily population in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.116	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months divided by the number of HIV positive inmates in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.117	Number of inmates diagnosed with an Axis I diagnosis (excluding sole diagnoses of substance abuse) in the past 12 months. Average daily population in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.118	Number of inmate suicide attempts in the past 12 months divided by Average daily population in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.119	Number of inmate suicides in the past 12 months divided by Average daily population in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.120	Number of inmate deaths due to homicide in the past 12 months divided by Average daily population in the past 12 months	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.121	Number of inmate deaths due to injuries in the past 12 months Average daily population in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.122	Number of medically expected inmate deaths in the past 12 months Average daily population in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.123	Number of medically unexpected inmate deaths in the past 12 months vs. Average daily population in the past 12 months	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.124	Number of inmate admissions to still-hire Lahara waitlists) in the past 12 months divided by Average daily population in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.125	Number of inmate admissions to off-site hospitals in the past 12 months Average daily population in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.126	Number of inmates transported off-site via ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.127	Number of inmate specialty consults completed in the past 12 months divided by the Number of specialty consults (visits or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.128	Number of inmate grievances about access to medical services found in favor of the detainee divided by the Number of inmate grievances about access to health care services in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.129	Number of inmate grievances related to quality of health care found in favor of inmates in the past 12 months divided by Number of inmate grievances related to quality of health care in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
3.2.130	Number of inmate lawsuits about access to health care services found in favor of the inmates in the past 12 months divided by Number of inmate lawsuits about access to health care services in the past 12 months.	3.3 CARE - DECISION SUPPORT (American Correctional Association (ACA) - Standard 4C - Provide reports required for ACA to validate detainees [inmates] maintain good health. Detainees [inmates] have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							

5.2.131	Number of individual sick-call encounters in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.132	Number of physician visit contacts in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.133	Number of individualized dental treatment plans in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.134	Number of hypertensive inmates enrolled in chronic care clinic in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.135	Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.136	Number of incidents involving pharmaceuticals as contraband in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.137	Number of varicella shots received by inmates with varicella disease in the past 12 months divided by Number of varicella shots prescribed in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.138	Number of hypertensive shots received by inmates with hypertension in the past 12 months divided by Number of hypertensive shots prescribed in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.139	Number of diabetic shots received by inmates with diabetes in the past 12 months divided by Number of diabetic shots prescribed in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.140	Number of meal diets received by inmates with meal disease in the past 12 months divided by Number of meal diets prescribed in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.141	Number of needle stick injuries in the past 12 months divided by Number of employees on average in the past 12 months	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.142	Number of pharmacy dispensing errors in the past 12 months divided by Number of prescriptions dispensed by the pharmacy in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
5.2.143	Number of nursing medication administration errors in the past 12 months divided by Number of medications administered in the past 12 months.	3.3 CORE - DECISION SUPPORT: (American Correctional Association (ACA) / Standard 4-...Provide reports required for ACA to validate distances (inmates) maintain good health. Distances (inmates) have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.)							
	Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.	**3.3 CORE - DECISION SUPPORT**							
5.2.144	Number of staff with lapsed licensure and/or certification in the past 12 months Divided Number of licensed and/or certified staff in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.145	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments divided by Number of new employees in the past 12 months	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.146	Number of employees completing in-service training requirements in the past 12 months divided by the Number of employees eligible in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.147	Number of RN staff who left employment in the past 12 months divided by Number of authorized RN staff positions in past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.148	Number of RN staff who left employment in the past 12 months divided by Number of authorized RN staff positions in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.149	Number of LPN staff who left employment in the past 12 months divided by the Number of authorized LPN staff positions in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.150	Number of medical records staff who left employment in the past 12 months divided by Number of medical records staff positions in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.151	Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months divided by average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.152	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.153	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.154	Number of confirmed sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.155	Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
5.2.156	Number of detainees identified as at risk for sexual victimization in the past 12 months divided by Average daily population in the past 12 months.	3.3 CORE - DECISION SUPPORT: (Provide reports required for ACA Standard 4E - Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.)							
	Credentialing and Privileging (Reference M 809.1.1.10)	**3.3 CORE - DECISION SUPPORT**							
5.2.157	Provide a list of items expiring by date range	3.3 CORE - DECISION SUPPORT: (Credentialing and Privileging (Reference HBS 1.1.10))							
5.2.158	Provide a list of individuals that are currently have not provided information or are not compliant with standards for credentialing and privileging.	3.3 CORE - DECISION SUPPORT: (Credentialing and Privileging (Reference HBS 1.1.10))							
	Exchange of medical information with health organizations and partners (Reference M 809.1.10)	**3.3 CORE - DECISION SUPPORT**							
5.2.159	Provide a list of facilities with EHR have entered compliance information regarding their medical users (10 day physical, date/time of intake screening, sick-call responses times)	3.3 CORE - DECISION SUPPORT: (Exchange of medical information with health organizations and partners. (Reference HBS 1.1.10))							
5.2.160	Provide a list of facilities with a status on their viewing of the EHR S Medical record.	3.3 CORE - DECISION SUPPORT: (Exchange of medical information with health organizations and partners. (Reference HBS 1.1.10))							
5.2.161	Provide a number of detainees in custody by facility that have not had a full submission of medical information or entry of their medical compliance data (10 day physical, date/time of intake screening, sick-call responses times)	3.3 CORE - DECISION SUPPORT: (Exchange of medical information with health organizations and partners. (Reference HBS 1.1.10))							
5.2.162	Provide a summary report of all facilities that reports their compliance with entry and compliance with standards for processes.	3.3 CORE - DECISION SUPPORT: (Exchange of medical information with health organizations and partners. (Reference HBS 1.1.10))							
5.2.163	Provide a list of requests for medical records from ICE partners with their status (delivered, pending, etc.)	3.3 CORE - DECISION SUPPORT: (Exchange of medical information with health organizations and partners. (Reference HBS 1.1.10))							
5.2.164	Provide a list and status of if needed information that OTDAL requires.	3.3 CORE - DECISION SUPPORT: (Exchange of medical information with health organizations and partners. (Reference HBS 1.1.10))							
	Grievances (Reference M 809 . 1.1.14)	**3.3 CORE - DECISION SUPPORT**							
5.2.165	Provide a summary of grievances by type, status, date range and outcome.	3.3 CORE - DECISION SUPPORT: (Grievances (Reference HBS 1.1.14))							
5.2.166	Provide a list of items by individual based on date expiring.	3.3 CORE - DECISION SUPPORT: (Grievances (Reference HBS 1.1.14))							
	Pharmacy Pharmacology (Reference M 809 1.5)	**3.3 CORE - DECISION SUPPORT**							
5.2.167	DQA Pharmacy Prescriptions Volume and Cost Provide a report - Provides info on Pharmacy Prescriptions Volume and Cost. Progress in Data Quality Assurance. Pharmacy Program Management Staff and Manager.	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.168	Prescription Expiration Provide a report (PER) – can include or exclude by OR codes/class, by date as specified by user, sorted by any value in report	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.169	Med Script summary – provides total number of RX's and subtotals based on therapeutic classes for time period specified by user	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.170	Drug Cost Evaluation – Capability to include or exclude by OR codes/class, by date as specified by user, with and without details, multiple sort options by cost, location, and drug name (any value in report)	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.171	Batch Labels – allows user to store labels in computer batch, sorts by bin and prints a specified number of labels per detainee on a single page.	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.172	Delivery Sheet File – record of where all RXs are delivered and if KOP allows staff to have detainee sign they have received	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.173	Bar coding of RXs would allow scanning of RXs and ID to document this. This report would allow us to PROVE that detainees got their meds by time and date. This also would be necessary for EHR to show when med was sent for admin.	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.174	Daily and Rx Update – Renewals of expired and discontinued medication orders from above reports. 1 run this after the NEW. Cleans up reports and patient profiles.	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.175	Pull drug Provide a report – allows cross-list of all data based to ensure allergies are listed in each data base.	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.176	Monthly Medical sheet (Active Rx) – runs MARs for only active medications for each patient. Sorted by patient and can include or exclude by OR. This way you can cut out past month MARs, etc. (this would not be necessary with eKAR)	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.177	Provide specific lab values for all patients on a specified medication based on MAL	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.178	Provide a list of all controlled substances ordered within a specified date range with sorting by provider, OR codes/class, drug type, drug name (current/discard)	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.179	Provide an inventory management report (user designated time period, and/or by type of drug, and/or by specific user, and/or by specific patient) to include user, date, time, drug, and quantity restocked into AMPS	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
5.2.180	Provide a report of all medications and stock that will need to be ordered.	3.3 CORE - DECISION SUPPORT: (Pharmacy / Pharmacology (Reference HBS 1.5))							
	Statistics and Analytics (M 809 Reference 3.3)	**3.3 CORE - DECISION SUPPORT**							

3.2.191	Roll Value Provide a report - Provide a list of fields that have null values for report requires.	3.3 CORE - DECISION SUPPORT (Statistics and Analytics (SBE Reference 3.3))								
3.2.192	Provide a report of all required fields that are in the medical record.	3.3 CORE - DECISION SUPPORT (Statistics and Analytics (SBE Reference 3.3))								
3.2.193	Provide a report based on basic results related to data quality and population of data fields required for key reports to ensure continuity and consistency of data in the reporting database. If don't see above Reviewed/verified - End Recipe	3.3 CORE - DECISION SUPPORT (Statistics and Analytics (SBE Reference 3.3))								
	Family/Assisted Living Facilities (Reference M183 1.1.2)	**1.1 CORE - DECISION SUPPORT**								
3.2.194	Complete immunization record on an individual detainee.	1.1 CORE - DECISION SUPPORT (Family Residential Facilities (Reference M85 11.2.C1.120))								
	Dental (Reference M183 1.1)	**1.1 CORE - DECISION SUPPORT**								
3.2.195	Patients Pending Dental Exams need the 10 blank standard for a dental exam. (by date, by range, etc.)	1.1 CORE - DECISION SUPPORT (Complete immunization record on an individual detainee.)								
3.2.196	Dental Care Provided Report (by procedure type, by facility, by date range) with graph (bar or pie) capability	1.1 CORE - DECISION SUPPORT (Complete immunization record on an individual detainee.)								
3.2.197	Dental Referrals with site (by procedure type, by facility, by date range)	1.1 CORE - DECISION SUPPORT (Complete immunization record on an individual detainee.)								
3.2.198	Dental Appointments Missed (by facility, by date range, by reason)	1.1 CORE - DECISION SUPPORT (Complete immunization record on an individual detainee.)								
3.2.199	Daily and Monthly Dental Workload Provide a report.	1.1 CORE - DECISION SUPPORT (Complete immunization record on an individual detainee.)								
3.2.190	Analysis of time required for each procedure (by provider, procedure type)	1.1 CORE - DECISION SUPPORT (Complete immunization record on an individual detainee.)								
	Mental Health (Reference M183 1.1.1, 1.3)	**1.1 CORE - DECISION SUPPORT**								
3.2.191	Provide a Mental Health Summit- Provide a report of # cases w/active #s # days on suicide watch, # of suicide attempts, # of suicide postvents, # of suicide risk assessments	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.192	Provide a list of detainees placed on suicide watch (Name, Alien, DOB, Age, Date of suicide watch, date removed from suicide watch)	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.193	Provide a report of suicides (attempt, ideation) dates to ensure suicide follow-ups were conducted at define intervals (week, month, year)	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.194	Provide a report to mental health captore re-screenings, assessment, and follow-ups (# of intake re-screenings, # at 14 day physicals, # at follow-up appointments, broken down by mental health appointment)	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.195	Provide a reports to capture specific mental health activities (# of cross inter-action, # of support line therapy sessions, # of Psychoeducation sessions, # of groups	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.196	Provide a report with all detainees with Mental Health Diagnoses - All detainees with ICD9/10 diagnosis, where they were housed, medications, length of detention input status	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.197	Provide a report for the number of psychiatric evaluations performed and psychiatric follow-ups	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.198	Provide a list of all detainees receiving medicated psychiatric treatments	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.199	Provide a Mental Health Admission Provide a report for Health Special Housing Unit (SHU), which is housing dedicated to mental health indeed of part of an SHU, or Segregation Units (used when SHU or SHU unit or Units) Detainee Name, Alien Number, Age, Mental health diagnoses Facility, Provide a bed, Provider, Date of Last Follow-Up)	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.200	Provide a Segregation Admissions (for facilities without an SHU) - Detainee Name, Alien Number, Age, Mental health diagnoses Facility, Provide a bed, Provider, Date of Last Follow-Up)	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.202	Provide a list of detainees on Psychotropic medications	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.203	Number of times seen by mental health provider, if seen by multiple mental health providers	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.204	Provide a list of prescribed psychotropic medications prescribed	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.205	Provide a list of facilities that have detainees on psychotropic meds, formated as .txt/.rtf/Notary	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.206	Wanness evaluations along with patient and facilities	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.207	Mental Health hospitalizations, including facilities where currently hospitalized and detention facility and dates	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.208	Provide a list of MH patients currently being followed and their current status	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
3.2.209	# of women with a history or sexual assault / abuse	1.1 CORE - DECISION SUPPORT (Mental Health (Reference M85 1.1.3, 3.3))								
	Epidemiology (Reference - M183 1.1.3, 1.5)	**1.1 CORE - DECISION SUPPORT**								
3.2.211	Wanness Disease - Provide a report that shows any detainee that needs criteria and are current in the surveillance group and have a completed TB Surveillance information form.	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
3.2.212	Number of Detainees that that were in custody that were historically placed in the TB Surveillance Group	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
3.2.213	Provide a list of Detainees that were historically placed in the regardless of their current diagnoses and status within the TB surveillance group.	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
3.2.214	Provide a list of detainees that are currently in the TB Surveillance Group (Name, Country Identifier, Date placed in group, individual that placed in group, at hat date, movement history, etc.)	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
3.2.215	Total number of infectious Diseases Cases by Type (TB, HIV, etc.) by date ranges, by status, by name	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
3.2.216	Monthly, Quarterly, Annual TB Summary (by Facility and specified characteristics (as defined by specified date fields) - Query that displays TB patients by facility or lists facilities by specified characteristics (e.g., health treatment start date).	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
3.2.217	Monthly, Quarterly, Annual Provide or highlight infectious diseases for Facility and specified characteristics (as defined by specified date fields) - Query that displays TB patients by facility or lists facilities by specified characteristics (e.g., health treatment start date).	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
3.2.218	Monthly, Quarterly, Annual Cure (Isolate Removal Sheet and Chest Summary) by Facility and Country Query that displays TB patients by facility and country by cure (isolate removal sheet and chest status.	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
3.2.219	Provide a report of mandatory fields in each report required for Epidemiology	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
3.2.220	By Period, a flow sheet of particular TB lab or values (based on results received and entered by either twice or HQ staff	1.1 CORE - DECISION SUPPORT (Epidemiology (Reference - M85 1.1.3, 3.5))								
	Special Operations (Reference M183 1.1.4)	**1.1 CORE - DECISION SUPPORT**								
3.2.221	Detainees in custody that have been drug tested as required by medical alert by date range	1.1 CORE - DECISION SUPPORT (Special Operations (Reference M85 3.4))								
	Mental Health Services (Reference M183 1.1.2)	**1.1 CORE - DECISION SUPPORT**								
3.2.222	Provide a list of detainees under Social Services oversight by week, month, year, status and program	1.1 CORE - DECISION SUPPORT (Mental Health Services (Reference M85 3.3.2))								
3.2.223	Number of detainees under Social Services oversight by week, month, year, status and program	1.1 CORE - DECISION SUPPORT (Mental Health Services (Reference M85 3.3.2))								
3.2.224	Provide a list of facilities referred by date range and purpose	1.1 CORE - DECISION SUPPORT (Mental Health Services (Reference M85 3.3.2))								
3.2.225	Workload report by staff (# referrals, case notes, other workload factors)	1.1 CORE - DECISION SUPPORT (Mental Health Services (Reference M85 3.3.2))								
	Performance Improvement (Reference M183 3.1)	**1.1 CORE - DECISION SUPPORT**								
3.2.226	Provide a report for each specific indicator by facility	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.227	A report that summarizes the data has been entered by each facility to ensure compliance with quarterly data entries.	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.228	A report that compares the current versus previous quarters in all indicators.	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.229	Provide a list of patients that did not meet the requirements set forth in the Performance Based National Detention Standards (Intake Screening within 12 hours, Physical within 14 days, Sick Call within the standard HCA required response times)	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.230	Based on medical record review of Medical Performance Indicators (Chronic Care Compliance, Health Record, Physical Exam, Short Stay Unit) provide a compliance percentage of the standard across all facilities and individual facilities.	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.231	Based on medical reviews of Pharmacy Performance Indicators (Asthma Management, Coumadin Management, Diabetes Management, Psychotropic Management) provide a compliance percentage of the standard across all facilities and individual facilities.	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.232	Based on medical record reviewer of Short Stay Unit Performance Indicators (Diagnosis) Documentation for each admission, Nursing Care Plans Overlayed)	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.233	Based on medical record reviewer of Short Stay Unit Performance Indicators (Medications) Documentation for each admission, Nursing Care Plans Overlayed)	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.234	Based on medical record reviewer of Short Stay Unit Performance Indicators (Treatments) Documentation for each admission, Nursing Care Plans Overlayed)	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.235	Based on Incident Reports submitted regarding Medication Errors by field (date, provide a summary of medication errors with analysis related to causes and outcomes	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.236	Based on the completion of Facility Activities - Tasks related to environment of care and sharps, identify the compliance rate of facilities in meeting the man down, fire and emergency drills.	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.237	Based on the completion of the TB continuity of care Facility Activities - Tasks: (initial reporting, sputum results, culture results), provides a compliance measure that all tasks were completed.	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.238	Based on the completion of the Infectious disease reporting Facility Activities - Tasks (initial reporting, result of value and p), provide a compliance measure that all required information was entered within time limitations of each reporting task.	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.239	Based on the completion of critical Facility Activities - Tasks (Hunger Strike Monitoring, Suicide Monitoring, and Patient Grievances), provide a compliance measure that all monitoring tasks were completed within a specified timeframe from the time it is due.	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
3.2.240	Based on the actions taken in the clinical documentation to indicate that a patient was educated, provide a compliance indicator that an individual was provided appropriate education during the various episodes of care (Intake Screening, Physical Exam, Encounters/Clinic Visit, Medication/Pharmacy/Pill Line)	1.1 CORE - DECISION SUPPORT (Performance Improvement (Reference M85 3.1))								
	Tele-Radiology (M183 Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2)	**1.2 CORE - DECISION SUPPORT**								
3.2.239	Provide a report of x-ray taken over a set date/defined time period to include: Patient name, Alien Number, DOB, date and time report sent from site, date and time report received from site, elapsed time, type of x-ray ordered (x-screening, chest)	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.240	Provide a list of x-rays taken but still pending x-ray report	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.241	Provide a report of all "other than normal" x-rays taken over user defined time frame.	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.242	Patients in custody with a normal x-ray by name, alien number)	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.243	Patients in custody with other than normal x-ray result	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.244	Provide a list of intakes from the tele-radiology system	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.245	Provide a report of all CXRs by facility for a specified date range for billing reconciliation with Grand Accounts data	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.246	A report of detainee whose information was not automatically loaded from the EHR to the X-Ray system	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.247	A list and summary count of detainee intakes by facility of all facilities sorted by providers, dates, detainees, or Reason Noted	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.248	Provide a list of X-Rays taken (Include: date, alien number, Name, provide, etc) for use in comparing to the electronic invoice.	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
3.2.249	Provide a list of intakes by facility, date range, individual (Include: Name, A Number, Date/Time Captured, Date/Time Results Received, Actual Results Present for intake, Provider capturing the X-ray, Provider doing Review.)	1.2 CORE - DECISION SUPPORT (Tele-Radiology (SBE Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (2.2.2))								
	Tele-Health (M183 Reference - 3.6 Tele-Health, Tele-Radiology (2.2.3)	**1.2 CORE - DECISION SUPPORT**								
3.2.250	Provide a list of available Appointments - By Specialty	1.2 CORE - DECISION SUPPORT (Tele-Health (SBE Reference - 3.6 Tele-Health, Tele-Radiology (2.2.3))								
3.2.251	Booked Appointments - By Facility or Specialty	1.2 CORE - DECISION SUPPORT (Tele-Health (SBE Reference - 3.6 Tele-Health, Tele-Radiology (2.2.3))								
3.2.252	Completed Telehealth Encounters - By Specialty and Date	1.2 CORE - DECISION SUPPORT (Tele-Health (SBE Reference - 3.6 Tele-Health, Tele-Radiology (2.2.3))								
3.2.253	Missed Tele-Health Appointments - By Date, Specialty and Reason.	1.2 CORE - DECISION SUPPORT (Tele-Health (SBE Reference - 3.6 Tele-Health, Tele-Radiology (2.2.3))								
	Queries	**1.2 CORE - DECISION SUPPORT**								
QR.1.0.1	**General Query Requirements**	**1.2 CORE - DECISION SUPPORT (Queries)**								
QR.1.0.1	Access data based on role-based security profiles using standard medical roles (Medical Records Admin, Medical Assistant	1.2 CORE - DECISION SUPPORT (Queries)								
QR.1.0.2	Needs the user to the screen no required to complete the task or action required by the Query	1.2 CORE - DECISION SUPPORT (Queries)								
QR.1.0.3	Provide the ability to create ad hoc (on demand) queries designed by appropriate role based users.	1.2 CORE - DECISION SUPPORT (Queries)								
QR.1.0.4	Provide a query of the data fields from the data dictionary for all data fields for use in ad-hoc queries.	1.2 CORE - DECISION SUPPORT (Queries)								
QR.1.0.6	Provide the ability to present the results of each query in a logical presentation to the user.	1.2 CORE - DECISION SUPPORT (Queries)								
QR.1.0.7	Provide the ability to export the results of each query into common formats (CSV, MS Excel, MS Access, etc)	1.2 CORE - DECISION SUPPORT (Queries)								
QR.1.0.8	Returns patient identifiers include any identifiers entered (CIS/BIDP, State/City/Facility List/ Facilities, Medical Record Numbers and other identifiers)	1.2 CORE - DECISION SUPPORT (Queries)								
QR.1.0.9	Provide the ability to transition high use queries to a report based on demand.	1.2 CORE - DECISION SUPPORT (Queries)								
QR.1.0.10	Provide the ability for users to develop additional ad hoc queries and make them available to others	1.2 CORE - DECISION SUPPORT (Queries)								
	Clinic Management and Clinical Oversight (Reference M183 1.1.11)	**1.2 CORE - DECISION SUPPORT**								
QR.1.0.11	Provide a list of all using/current visits by date, provider, etc.	1.2 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference M85 1.1.11))								
QR.1.0.12	Provide a list of appointments by date with ability to sort by date, time, provider, encounter type	1.2 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference M85 1.1.11))								
QR.1.0.13	All encounters with the ability to include/exclude and sort by date, by type, if an associated medication order provide detail and status.	1.2 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference M85 1.1.11))								
QR.1.0.14	Provide a list of current Special Needs / By Category, Active and By Expiration Date for continuation or scheduling.	1.2 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference M85 1.1.11))								
QR.1.0.15	Provide a list of current special needs that do not have an encounter scheduled prior to expiration.	1.2 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference M85 1.1.11))								
QR.1.0.16	Provide a list of detainees meeting critical requirements suicide watches, hunger strikes, etc.	1.2 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference M85 1.1.11))								
QR.1.0.17	Provide a list of detainees pending transfer summaries (from Entrants) that have not yet had a transfer review/ transfer summary completed.	1.2 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference M85 1.1.11))								
QR.1.0.18	Provide a list of detainees that have special instructions in place by the provider for review by the HSA/MOSA and COP/Nurses for coordination with ICE on special considerations.	1.2 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference M85 1.1.11))								
	Accept Database into the Medical Facility Intake Screening (Reference M183 1.1.1)	**1.2 CORE - DECISION SUPPORT**								

3.3.1	Provide a real time list of detainees that have been booked (Jail Ente/Release) or have been identified as at risk in the EHR system that requ re screening	3.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility Intake Screening (Reference MSS 1.1.1))							
3.3.2	Provide a list of detainees manually entered by NSA staff upon arrival at the facility	3.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility Intake Screening (Reference MSS 1.1.1))							
3.3.3	Provide the ability for local facilities to bring up Edirvos records that match a specific criteria to search for potential duplicate medical records due to multiple records in Edirvos	3.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility Intake Screening (Reference MSS 1.1.1))							
3.3.4	Provide list of detainees that have not been linked to a record entered in Edirvos or they may be released that	3.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility Intake Screening (Reference MSS 1.1.1))							
3.3.5	Provide a list of pronounce diagnoses that have not been validated or reviewed by a provider	3.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility Intake Screening (Reference MSS 1.1.1))							
3.3.6	Provide a list of medications that were continued that were not formulary	3.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility Intake Screening (Reference MSS 1.1.1))							
3.3.7	Provide list of detainees that ar rent by date range with their disposition with critical actions must be taken compared to other workflow.	3.3 CORE - DECISION SUPPORT (Accept Detainee into the Medical Facility Intake Screening (Reference MSS 1.1.1))							
	Scheduling (Reference MSS 1.1.2)	**3.3 CORE - DECISION SUPPORT**							
3.3.8	Provide a list of all patients on the clinic schedule for the day with a status based on vital signs and taken on all detainees.	3.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							
3.3.9	Provide a master list of all detainees in custody for review by various parameters (Date of Arrival, 10 Day Physical Status, Book-In Date, status of compliance with sick-call standards, TB screening) so appropriate scheduling can be initiated based on any non-compliance indicators.	3.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							
3.3.10	Provide a list of all patients on the clinic schedule with an appointment still pending.	3.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							
3.3.11	Provide ability to sort clinic schedule by various parameters (provider, appointment type, date, time, etc)	3.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							
3.3.12	Provide the housing and bed number for each appointment from detention management systems (COFRIDA System)	3.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							
3.3.13	Provide a list of all referrals with status for scheduling, completed, pending, medical record, medical record received, additional information pending, medical record reviewed.	3.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							
3.3.14	Provide a list of all appointments available based on provider type, appointment type, etc for use in managing the appointment times effectively.	3.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							
3.3.15	Provide a list of detainees scheduled for chronic care appointments that have not completed all labs from appointments screening or entry of off-site medical records	3.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							
3.3.16	10 Day Physical Review - Patients in custody at the user's facility that have not had a physical in the last year or within 10 days of their book-in date - Will allow patients without a 10 day physical that return to be scheduled for a physical.	3.3 CORE - DECISION SUPPORT (Scheduling (Reference MSS 1.1.2))							
	Encounters (Reference MSS 1.1.3)	**3.3 CORE - DECISION SUPPORT**							
3.3.17	Be able to review all patient appointments to date and provide for management (complete, modify)	3.3 CORE - DECISION SUPPORT (Encounters (Reference MSS 1.1.3))							
3.3.18	Provide a list of encounters that require co-signature by NAI/Health or Physician based on HQ baseline standard and additional local standards. Remove from list when cosigned.	3.3 CORE - DECISION SUPPORT (Encounters (Reference MSS 1.1.3))							
3.3.19	Provide a list of all referrals from sick-call and intake screening for the day with status (pending for scheduled, date scheduled/ encounter type, etc.)	3.3 CORE - DECISION SUPPORT (Encounters (Reference MSS 1.1.3))							
3.3.20	Appointments that must be completed the same day based on standards applied to the entire population.	3.3 CORE - DECISION SUPPORT (Encounters (Reference MSS 1.1.3))							
3.3.21	Provide a list of all encounters scheduled for a date/time range.	3.3 CORE - DECISION SUPPORT (Encounters (Reference MSS 1.1.3))							
	Order Entry (Reference MSS 1.1.4)	**3.3 CORE - DECISION SUPPORT**							
3.3.22	Provide a list of medical orders with no type for a patient with pre-Check detail (order date, provider, etc.)	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4))							
3.3.23	Provide a list of all active orders by provider, date, etc.	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4))							
	Order Entry (Reference MSS 1.1.4) - Special Needs	**3.3 CORE - DECISION SUPPORT**							
3.3.24	Provide a list of active Special Needs with option to show inactive	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Special Needs)							
	Order Entry (Reference MSS 1.1.4) - Suicide Watch/Observation	**3.3 CORE - DECISION SUPPORT**							
3.3.25	Provide a list of detainees on suicide watch	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Suicide Watch/Observation)							
	Order Entry (Reference MSS 1.1.4) - Special Monitoring	**3.3 CORE - DECISION SUPPORT**							
3.3.26	Provide a list of active special monitoring orders	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Special Monitoring)							
	Order Entry (Reference MSS 1.1.4) - Medications	**3.3 CORE - DECISION SUPPORT**							
3.3.27	Provide active of all medication orders	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Medications)							
3.3.28	Provide a list of medications due to expire (or requires renewal) or nurse is queried for review	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Medications)							
3.3.29	Provide a list to psychotropic medication orders with a status of consent form.	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Medications)							
3.3.30	Provide a list of detainees that do not have a consent scanned or electronically completed	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Medications)							
3.3.31	Medical Alert with category (Medical, Psychological, Other) - Identify Medical Escort - Allow Levels of alert	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Medications)							
3.3.32	Provide a list of detainees in custody with medical alerts and medical holds	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Medications)							
	Order Entry (Reference MSS 1.1.4) - Enter Medical Holds	**3.3 CORE - DECISION SUPPORT**							
3.3.33	Provide a list of current medical holds	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Enter Medical Holds)							
	Order Entry (Reference MSS 1.1.4) - Protocol Based Orders	**3.3 CORE - DECISION SUPPORT**							
3.3.34	Provide a list of active or inactive to be inserting CDA Protocols and Policy	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Protocol Based Orders)							
	Order Entry (Reference MSS 1.1.4) - Lab Orders	**3.3 CORE - DECISION SUPPORT**							
3.3.35	Provide a list of Lab Orders Pending with status (lab draw pending, lab draw completed/sent pending, results pending, results received review pending, review complete)	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Lab Orders)							
3.3.36	Provide a list of overdue lab specimens not received within a specified number of hours (necessary to plan to redo lab drawn if not received or lost)	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Lab Orders)							
3.3.37	Provide a list of all Clinical Laboratory Improvement Amendments (CLIA) Waived tests with status	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Lab Orders)							
	Order Entry (Reference MSS 1.1.4) - Chest X-Ray	**3.3 CORE - DECISION SUPPORT**							
3.3.38	Provide a list of detainees due for Chest X-Ray (interpretive of TB Clearance or Annual)	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Chest X-Ray)							
3.3.39	Provide a list of all detainees with an X-Ray captured or requiring capture (by date range) with status (pending, complete, results received, result values).	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Chest X-Ray)							
	Order Entry (Reference MSS 1.1.4) - Facility Activities / Tasks (for all above orders)	**3.3 CORE - DECISION SUPPORT**							
3.3.40	Provide a list of all pending Facility Activities / Tasks due with adequate detail on order and allow completion of several within the time limits specified in the order	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - After Hours Medication)							
3.3.41	Provide a list of all Facility Activities / Tasks (by time category, etc) with status (time due, description, required actions, ordering provider, etc.)	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - After Hours Medication)							
3.3.42	All Facility Activities / tasks due in a specific patient (facility beds, pill line medications due, special monitoring)	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - After Hours Medication)							
	Order Entry (Reference MSS 1.1.4) - Other X-Ray	**3.3 CORE - DECISION SUPPORT**							
3.3.43	Provide a list of X-Rays ordered by status (pending, approved, approved, scheduled, pending medical records, records received, follow-up complete)	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - Other X-Ray)							
	Order Entry (Reference MSS 1.1.4) - After Hours Medication	**3.3 CORE - DECISION SUPPORT**							
3.3.44	Provide a list of all orders received by date range with status (reviewed)	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - After Hours Medication)							
3.3.45	Provide a query of all Non-Formulary Requests by Date Range, Facility, Provider and status	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - After Hours Medication)							
3.3.46	Provide a report of all After Hours Orders/Requests by Date Range, Facility, Provider and status	3.3 CORE - DECISION SUPPORT (Order Entry (Reference MSS 1.1.4) - After Hours Medication)							
	Referrals (Reference MSS 1.1.5)	**3.3 CORE - DECISION SUPPORT**							
3.3.47	Provide a list of all pending referrals by facility with status (pending local approval, scheduled, pending medical records, records received, record reviewed, follow-up complete)	3.3 CORE - DECISION SUPPORT (Referrals (Reference MSS 1.1.5))							
3.3.48	A list of automatic approvals in accordance with policy by date range with information to review first levels of all referrals.	3.3 CORE - DECISION SUPPORT (Referrals (Reference MSS 1.1.5))							
3.3.49	Provide a list of all referrals by date range with their status regarding the receipt of medical records	3.3 CORE - DECISION SUPPORT (Referrals (Reference MSS 1.1.5))							
	Special Operations (Reference MSS 3.4)	**3.3 CORE - DECISION SUPPORT**							
3.3.50	Provide a list of detainees scheduled for deportation or movement that have been designated by a provider that a medical escort has been indicated.	3.3 CORE - DECISION SUPPORT (Special Operations (Reference MSS 3.4))							
	Facility Activities / Tasks (Provider, Nursing, Mental Health) - (Reference MSS 1.1.6)	**3.3 CORE - DECISION SUPPORT**							
3.3.51	Provide a list of open Facility Activities with the ability to sort by Patient, Task Type, Date, Type, Provider, Activity / Task Type	3.3 CORE - DECISION SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health) - (Reference MSS 1.1.6))							
3.3.52	Provide a list of all activities completed by status, individual who completed the task, date/time completed and the result (if applicable)	3.3 CORE - DECISION SUPPORT (Facility Activities / Tasks (Provider, Nursing, Mental Health) - (Reference MSS 1.1.6))							
	Pill Line (Reference MSS 1.1.7)	**3.3 CORE - DECISION SUPPORT**							
3.3.53	Allow all users for pill line is available in different kiosk-style to ensure all nurses have access to dispense medications regardless of housing areas	3.3 CORE - DECISION SUPPORT (Pill Line (Reference MSS 1.1.7))							
3.3.54	Provide a list of patients due for pill line administration (Pill Line, Patient, Housing) at a particular time and the medications that are due for administration. The remainder of dress requirements can be Tier 2	3.3 CORE - DECISION SUPPORT (Pill Line (Reference MSS 1.1.7))							
3.3.55	Incorporate a list of Facility Activities / Tasks that can be run be done during pill line	3.3 CORE - DECISION SUPPORT (Pill Line (Reference MSS 1.1.7))							
3.3.56	Provide a list of Keep On Person (KOP) Medications to be delivered to the detainee.	3.3 CORE - DECISION SUPPORT (Pill Line (Reference MSS 1.1.7))							
3.3.57	Provide a combined list of all Keep, Previous and Discontinued prescriptions on pill cart for each pill line.	3.3 CORE - DECISION SUPPORT (Pill Line (Reference MSS 1.1.7))							
3.3.58	Pill Line medication administrations done by facility/pill line time	3.3 CORE - DECISION SUPPORT (Pill Line (Reference MSS 1.1.7))							
3.3.59	Pill Line medication administrations that are still due by brief/same excluding medications that have been refused or documented as detainee departed.	3.3 CORE - DECISION SUPPORT (Pill Line (Reference MSS 1.1.7))							
3.3.60	KOP due by brief/same excluding medications that have been refused or documented as detainee departed.	3.3 CORE - DECISION SUPPORT (Pill Line (Reference MSS 1.1.7))							
	Sick Call (Reference MSS 1.1.8)	**3.3 CORE - DECISION SUPPORT**							
3.3.61	Sick call submissions not awaiting Tech to face image in differential mode.	3.3 CORE - DECISION SUPPORT (Sick Call (Reference MSS 1.1.8))							
3.3.62	Provide a list of detainee sick calls that have not be triaged (date entered, or number, etc.)	3.3 CORE - DECISION SUPPORT (Sick Call (Reference MSS 1.1.8))							
3.3.63	Provided a list of all detainee sick calls with status by date and all/one-way access to medical record	3.3 CORE - DECISION SUPPORT (Sick Call (Reference MSS 1.1.8))							
	Short Stay/Unit / Bed Management (Reference MSS 3.1.5)	**3.3 CORE - DECISION SUPPORT**							
3.3.64	Identify available beds for specific roll-over and all/one-for Therapy, Respiratory Isolation, Handicap Accessibility, Oxygen, Wall/Freestanding	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.65	Assess all beds (Shot or empty) to allow a review of medical records of the individual admitted to the Short Stay/Unit bed or is an isolation cell for a medical reason	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.66	Provide a list of detainees that are hospitalized providing dieting/nutrition, admission date and the next follow up date	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.67	Identify an document the availability of an area by type/city and document the location, contact information, etc. for each service	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.68	Provide list of beds at the facility for use in taking action (admission, deactivation, not staffed)	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.69	Provide list of all beds throughout the Division with Status	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.70	Provide all available beds with Status (Shot, observation, admission, discharge pending, out of service, etc)	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.71	Provide a list of all Nurse Admissions, Observations, and Non-Medical Use with patient and reason for admission	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.72	Provide a list of all detainees with a status on their nursing care plan (created, not created, etc.)	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.73	Nursing Tasks Required based on nursing care plans and orders for patients in the SSU	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
3.3.74	A list of objectives in each nursing care plan with a percentage progression (50%)	3.3 CORE - DECISION SUPPORT (Short Stay/Unit / Bed Management (Reference MSS 1.1.5))							
	Transfers (Reference MSS 1.1.10)	**3.3 CORE - DECISION SUPPORT**							
3.3.75	Provide a list of detainees that are inbound include medical alert status and presence of a full medical record in the ICE EHR system.	3.3 CORE - DECISION SUPPORT (Transfers (Reference MSS 1.1.10))							
3.3.76	Provide a list of detainees transferring by anticipated departure date/time	3.3 CORE - DECISION SUPPORT (Transfers (Reference MSS 1.1.10))							
3.3.77	Identify detainees that are inbound that have medical records in the EHR	3.3 CORE - DECISION SUPPORT (Transfers (Reference MSS 1.1.10))							
3.3.78	Provide a list of all requested transfers with a status of reviewing and answering all questions required for the producing the transfer summary (TB Clearance Needed, Transport Questions Needed, Medications Pending).	3.3 CORE - DECISION SUPPORT (Transfers (Reference MSS 1.1.10))							
3.3.79	Patients requested for transfer by date/time with transfer summary status (Pending, Completed, Medications Filled by Pharmacy, Departed)	3.3 CORE - DECISION SUPPORT (Transfers (Reference MSS 1.1.10))							
3.3.80	Provide a list of transfer summaries completed for use in all required transfer summaries at once.	3.3 CORE - DECISION SUPPORT (Transfers (Reference MSS 1.1.10))							
	Clinic Management and Clinical Oversight (Reference MSS 1.1.11)	**3.3 CORE - DECISION SUPPORT**							
3.3.81	Provide a management review for Medical Director to define and address inquiries or signatures (CO, Provider, Nurse, Leads) in addition to national standards. Allow Local Clinical Director to define additional items that require signature	3.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight (Reference MSS 1.1.11))							

3.3.3.97	Provide ability to see those items assigned to clinical staff related to tasks or individuals	3.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference MMI: 1.1.10)							
3.3.3.98	Assess all patient in custody with the date of arrival and whether they have scheduled or received annual requirements.	3.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference MMI: 1.1.10)							
3.3.3.99	Provide a list of encounters by date by provider for quick review of all encounters	3.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference MMI: 1.1.10)							
3.3.3.94	Provide a list of encounters by date by provider for quick review of all encounters	3.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference MMI: 1.1.10)							
3.3.3.95	Provide a list of encounters that have not been signed by providers by date range	3.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference MMI: 1.1.10)							
3.3.3.96	Provide ability to view all notes by individuals for the purposes of quality assurance.	3.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference MMI: 1.1.10)							
3.3.3.97	Provide a list of encounters that ignored recommendations from protocols or criteria established in the system.	3.3 CORE - DECISION SUPPORT (Clinic Management and Clinical Oversight) (Reference MMI: 1.1.10)							
	Credentialing and Privileging (Reference M MI 1.1.10)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.98	Provide a list of items expiring by date range for individual, facility, etc.	3.3 CORE - DECISION SUPPORT (Credentialing and Privileging) (Reference MMI: 1.1.10)							
	Exchange of medical information with health organizations and partners (Reference M MI 1.1.10)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.99	List of all city referrals, requests of medical information or other access to previous medical records with a status.	3.3 CORE - DECISION SUPPORT (Exchange of medical information with health organizations and partners) (Reference MMI: 1.1.10)							
	Intercurrent (Reference M MI: 1.1.14)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.90	Provide list of current g-intercurrent with status	3.3 CORE - DECISION SUPPORT (Intercurrent) (Reference MMI: 1.1.14)							
3.3.3.91	Provide historical g-intercurrent by date range	3.3 CORE - DECISION SUPPORT (Intercurrent) (Reference MMI: 1.1.14)							
3.3.3.92	List g-intercurrent that have not be answered	3.3 CORE - DECISION SUPPORT (Intercurrent) (Reference MMI: 1.1.14)							
	Family/Residential Facilities (Reference M MI 1.1.2)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.93	List all immunizations due in a specified date ranges	3.3 CORE - DECISION SUPPORT (Family/Residential Facilities) (Reference MMI: 1.1.2)							
	Dental (Reference M MI 1.1.)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.94	Provide a list of all dental and oral requests submitted with a status	3.3 CORE - DECISION SUPPORT (Dental) (Reference MMI: 1.1.)							
3.3.3.95	List of diabetes that will be due for an annual dental evaluation by a provided date ranges	3.3 CORE - DECISION SUPPORT (Dental) (Dental) (Reference MMI: 1.1.)							
	Mental Health (Reference M MI 1.1.1.1.1)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.96	Patients with mental health diagnoses by date range	3.3 CORE - DECISION SUPPORT (Mental Health) (Reference MMI: 1.1.3.3.3)							
3.3.3.97	Patients on (or history of) psychotropic meds - include the ability to identify patients that are reporting they take or are on medication	3.3 CORE - DECISION SUPPORT (Mental Health) (Reference MMI: 1.1.3.3.3)							
3.3.3.98	Number of forensic evaluations including: dates and provider names	3.3 CORE - DECISION SUPPORT (Mental Health) (Reference MMI: 1.1.3.3.3)							
3.3.3.99	Patients currently hospitalized in acute setting (Hospital, Short Stay Unit) along with diagnosis	3.3 CORE - DECISION SUPPORT (Mental Health) (Reference MMI: 1.1.3.3.3)							
3.3.3.100	Patients currently hospitalized in acute setting (Hospital, Short Stay Unit) along with diagnosis	3.3 CORE - DECISION SUPPORT (Mental Health) (Reference MMI: 1.1.3.3.3)							
3.3.3.101	Patients currently hospitalized in a long term setting (e.g. Columbia Care)	3.3 CORE - DECISION SUPPORT (Mental Health) (Reference MMI: 1.1.3.3.3)							
3.3.3.102	Patients currently hospitalized in a long term setting (e.g. Columbia Care) - Feels included: Date of Arrival, Origin	3.3 CORE - DECISION SUPPORT (Mental Health) (Reference MMI: 1.1.3.3.3)							
3.3.3.103	Provide a list of patients with mental health diagnoses that are in-treat with mental health services	3.3 CORE - DECISION SUPPORT (Mental Health) (Reference MMI: 1.1.3.3.3)							
3.3.3.104	Provide a list of patients with mental health diagnoses that are not in-tretaet with mental health services	3.3 CORE - DECISION SUPPORT (Mental Health) (Reference MMI: 1.1.3.3.3)							
	Pharmacy (Pharmacology) (Reference M MI 1.3)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.105	Non-formulary patient with, with, MEDICATION SUSPEN, AVIDIN, INSTIL, etc.	3.3 CORE - DECISION SUPPORT (Pharmacy / Pharmacology) (Reference MMI: 1.3.2)							
3.3.3.106	All patients with allergies	3.3 CORE - DECISION SUPPORT (Pharmacy / Pharmacology) (Reference MMI: 1.3.2)							
3.3.3.107	All patients in custody on medications by patient, drug, or medication category	3.3 CORE - DECISION SUPPORT (Pharmacy / Pharmacology) (Reference MMI: 1.3.2)							
3.3.3.108	Historical patient medications by patient, drug, medication category	3.3 CORE - DECISION SUPPORT (Pharmacy / Pharmacology) (Reference MMI: 1.3.2)							
3.3.3.109	Alert by medication orders by user defined date or date range	3.3 CORE - DECISION SUPPORT (Pharmacy / Pharmacology) (Reference MMI: 1.3.2)							
3.3.3.110	Walk DUE — Sorted by date/time as specified by prescription. Must be able to include or exclude by DP codes/class. Upfront users to refill/ only/maintenance meds by excluding CPN, ATHOMEN, 10 schedule, etc.)	3.3 CORE - DECISION SUPPORT (Pharmacy / Pharmacology) (Reference MMI: 1.3.2)							
3.3.3.111	All medications given after hours from after without medication reconciliation still pending	3.3 CORE - DECISION SUPPORT (Pharmacy / Pharmacology) (Reference MMI: 1.3.2)							
	Epidemiology (Reference : M MI 1.1.3.3)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.112	Active TB Case Provide a report or a User-set of the number of Active TB Cases (Case Def: Disease or sickness that were issued in the TB surveillance group by any member with a status on the additional information required for TB surveillance form. Query to include patient identifier, and including all locations and dates/last dates for each facility in the detention history	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.113	TB Case Management Provide a listing, of patients in the TB surveillance group (TB patients and TB suspects) and in custody, including all locals in and locals not dates for each facility, case status and specified clinical sights, diagnostic, and case management fields (e.g., medical hold status, coordinated removal (need & great), arrangement status that require monitoring at the local level).	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.114	Case Management Field Summary - Query that provides case management fields that are required for each infectious disease for HQ monitoring	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.115	Provide a list of detainees with Provide a reportable illnesses diagnoses (by date range) with their status or whether they are included in an appropriate infectious disease group.	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.116	A list of detainees in a Provide a reportable illness group at any time. Will be accessible by Epidemiology Rel. all sites and Infection Control Officers and Managers by fiber: see site	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.117	A list of detainees currently placed in an infectious disease group that requires additional information be entered by field or HQ staff. Provide date added to group, individual adding to group (auto per diagnosis if possible/automated), etc.)	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.118	Summary of TB patients (diagnosed and referred or treatment) deported or released by specified date range. Query that displays TB patients who were deported during a specified date range by case status and clinical sitings/signs, diagnostic, and case management information, and including all all locals in and locals not dates for each facility	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.119	Quarterly TB Case Summary (Using individual patients) – Query to produce Quarterly TB Provide a report by by facility or mix of facilities by specified data fields and date ranges, and including all locals in and locals not dates for each facility	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.120	TB Step of Removal Query - Query that lists TB patients with steps of removal by case status and case management information for monitoring and tracking, and including all all locals in and locals not dates for each facility	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.121	Monthly Quarterly Annual TB Provide a report for the entity- HQ- Query that displays patients with reported infectious diseases by facility, by condition, and specified date ranges	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.122	Provide a reportable infectious diseases report – Query that displays patients with reportable infectious diseases by facility, by condition, key demographic and diagnostic fields and specified date.	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.123	Other detained infectious diseases surveillance (we are considering incorporating other national infectious diseases reporting here) If this will save staff time in completing case report forms for submission to local or state health departments).	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
3.3.3.124	Provide a list of detainees that have an med with a history of a reportable infectious disease	3.3 CORE - DECISION SUPPORT (Epidemiology) (Reference : MMI 1.1.3.3)							
	Special Operations (Reference M MI 3.4)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.125	Provide a list of detainees identified by providers as needing medical escort for transport	3.3 CORE - DECISION SUPPORT (Special Operations (Reference MMI 3.4)							
3.3.3.126	Provide a list of detainees that have been scheduled for travel (per 24 hours) and require medical escort	3.3 CORE - DECISION SUPPORT (Special Operations (Reference MMI 3.4)							
	Mental Health Services (Reference M MI 3.3.2)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.127	Provide a list of detainees that have been identified to be managed by Social Services	3.3 CORE - DECISION SUPPORT (Mental Health Services (Reference MMI 3.3.2)							
3.3.3.128	Provide a list of detainees and a status of their availability (pending, complete, offsite)	3.3 CORE - DECISION SUPPORT (Mental Health Services (Reference MMI 3.3.2)							
3.3.3.129	Provide a list of detainees that have mental health conditions, a high severity level and have been in custody beyond a specified number days for use in evaluating patients that could be candidates for special classes	3.3 CORE - DECISION SUPPORT (Mental Health Services (Reference MMI 3.3.2)							
3.3.3.130	Provide a list of detainees by facility with mental health indications (positive active v. history of mental health conditions identified, provisional or confirmed mental health diagnoses) with the ability to filter based on whether or not the individual is on Psychotropic medications.	3.3 CORE - DECISION SUPPORT (Mental Health Services (Reference MMI 3.3.2)							
	Performance Improvement (Reference M MI 3.1)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.131	Provide a list of patients that did not meet the requirements set forth in the Performance Based National Detention Standards (Intake Screening within 12 hours, Physical within 14 days, Sick Call within the standard HCA-required response times)	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.132	Provide a list of all required review of Medical Performance Indicators (Chronic Care Compliance, Health Record, Physical Exam, Short Stay Unit) by a parter and facility with a status	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.133	Provide a list of required medical review of (Pharmacy Performance Indicators (Asthma Management, Coumadin Management, Diabetes Management, Psychotropic Management) with a status by a parter by facility	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.134	Provide a list of all required medical record review of (Short Stay Unit) Performance Indicators (Diagnostic Documented for each admission, Nursing Care Plans Developed), by status by a parter by facility	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.135	Provide a list of all Incident Reports submitted regarding Medication Errors by field roles by a parter, by facility	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.136	Provide a list of Facility Activities / Tasks with Type (chronic check, Airborne Isolation Check, Equipment Checks, man down drill and fire drill), with appropriate outcome related to error/consent of users and sharps control by status compliance rate of facilities in meeting the task does the and emergency drills.	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.137	Provide a list of TB continuity of care/Facility Activities / Tasks (initial reporting, sputum results, culture results) with status by facility	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.138	Provide a list of infectious diseases reporting /Facility Activities / Tasks (initial reporting, required value-add g) with a status by facility	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.139	Provide a list of all Facility Activities / Tasks (Hunger Strike Monitoring, Suicide Monitoring, and Patient Grievances) with a status by facility	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.140	Provide a list of encounters where an individual did not document patient education (Intake Screening, Physical Exam, Encounters/Clinic Visit, Medication/Pharmacy/Pill Line)	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.141	Provide a list of Incident Reports submitted regarding medication errors	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
3.3.3.142	Provide a list of detainees that are a candidates for a specific record review based on the standards within the Performance Improvement Program	3.3 CORE - DECISION SUPPORT (Performance Improvement (Reference MMI 3.1)							
	Tele-Radiology (M MI Reference : Accepting a Detainee into a facility 1.1.1, Tele-Radiology 2.2.2)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.143	Wheel listing of all patients requiring x-ray by date/time. Query includes status of X-Ray (Transmitted to X-ray System, x-ray captured, result recorded, individual completing the x-ray, time completed, etc) and reviewing (pending or complete with user that completed). Alma users to modify the parameters to determine which workload is most critical and completes that task.	3.3 CORE - DECISION SUPPORT (Tele-Radiology (SME) Reference : Accepting a Detainee into a facility 1.1.1, Tele-Radiology 2.2.2)							
3.3.3.144	Users of patients with x-ray taken but no report received (time spent relative to 4 hour contractual window)	3.3 CORE - DECISION SUPPORT (Tele-Radiology (SME) Reference : Accepting a Detainee into a facility 1.1.1, Tele-Radiology 2.2.2)							
3.3.3.145	Provide a list of detainees by duty that have had chest x-ray results completed (Name, w number, date completed, provider, with status (pending, Received).	3.3 CORE - DECISION SUPPORT (Tele-Radiology (SME) Reference : Accepting a Detainee into a facility 1.1.1, Tele-Radiology 2.2.2)							
	Tele-Health (M MI Reference : Scheduling 1.1.2, Encounters 1.1.3, Telehealth 2.2.3)	**3.3 CORE - DECISION SUPPORT**							
3.3.3.146	Provide a list of Telehealth encounters with status (cancelled, pending, scheduled, complete)	3.3 CORE - DECISION SUPPORT (Tele-Health (SME) Reference : Scheduling 1.1.2, Encounters 1.1.3, Telehealth 2.2.3)							
3.3.3.147	Provide a list of tele-health appointments with status (pending, approved, approved, scheduled, complete, missed, etc) by facility and indicating whether the decision was off site or SSM provider	3.3 CORE - DECISION SUPPORT (Tele-Health (SME) Reference : Scheduling 1.1.2, Encounters 1.1.3, Telehealth 2.2.3)							
3.3.3.148	Provide a list of all Tele-Health appointment requests that have been approved for off site scheduling for action by the person responsible for scheduling Telehealth appointments.	3.3 CORE - DECISION SUPPORT (Tele-Health (SME) Reference : Scheduling 1.1.2, Encounters 1.1.3, Telehealth 2.2.3)							
3.3.3.149	Provide a list of Telehealth encounters with status (cancelled, pending, scheduled, complete)	3.3 CORE - DECISION SUPPORT (Tele-Health (SME) Reference : Scheduling 1.1.2, Encounters 1.1.3, Telehealth 2.2.3)							
3.3.3.150	Provide a list of Telehealth encounters with status (cancelled, pending, scheduled, complete)	3.3 CORE - DECISION SUPPORT (Tele-Health (SME) Reference : Scheduling 1.1.2, Encounters 1.1.3, Telehealth 2.2.3)							
3.4.1.1	**General Alert Requirements**	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)**							
3.4.1.2.1	Provide capability to provide alerts to users and groups based on specified criteria where the alerts are fired based on the criteria	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.2.2	Provide the ability to for a facilities to identify individuals that will receive the alert in addition to those established in the specified criteria.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.3.3	Ensure there are multiple levels of alerts to be determined by Local Leadership, HQ, Compliance and Health Policy	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.3.4.4	Provide a management console for HQ and local staff to establish, remove or change parameters of each alert.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.4.5	Provide the ability to track the acknowledgement of each alert or multiple alerts by user.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.4.6	Provide the ability to define which alerts require acknowledgement.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.3.7	Provide the ability to create an alert on demand (manually) created or after revision of another alert)	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.4.8	Ability to notify Facility and Division wide alerts to be acknowledged by a supervisor/Case Factory (for acknowledgement)	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.4.9	Provide the ability to present all active and historical alerts on a specific patient to any user accessing the medical record.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.4.10	Provide the ability to apply/re-apply alerts manually to a specified group of detainees meeting a certain criteria	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.3.11	Provide the ability to define alerts that trigger multiple alerts and varying severity levels so a user (site for a specific action draws rank	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							
3.4.1.4.12	Track and make clear to user the action by who created the alert and the success of each alert	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (General Alert Requirements)							

UR.1.4.13	Provide the ability to create alerts based on any field that is available in the system to include but not limited to: demographic information, diagnosis information, intake screening, assessments, additional assessments in the system, selection of specific or groups of diagnoses (medical, dental, mental health), individuals or groups of housing (WARDA) diagnoses, , alternative plans (transfers), number of days date of arrival, number of days since last mental health appointment, individual or groups of medications, ongoing history/ status or history of serious critical activities (hunger strike, suicide risks, suicidal attempts)	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (General Alert Requirements)								
	Clinic Management and Clinical Oversight (Reference WBS 1.1.11)	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.1	Alert when a suicide watch is "begun" while in isolation and be recorded.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
1.3.4.2	Alert to providers when there is a note that has not been signed within 8 hours after the encounter.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
1.3.4.3	Alert when visits have not been signed 1 hour after an individual completes the shift.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
1.3.4.4	If substance is identified during intake screening, patient encounters or other information is documented that throws the substance to meet the criteria for a significant detainee illness	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
1.3.4.5	Alert nurse to complete pain scale assessment when there is any indication of pain.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
	Accept Detainee into the Medical Facility/ Intake Screening (Reference WBS 1.1.7)	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.6	Alert user the that a detainee arrived with an approved referral that was cancelled, not scheduled, etc.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Accept Detainee into the Medical Facility/ Intake Screening (Reference WBS 1.1.13))								
1.3.4.8	Alert when detainee screening and x-ray not completed within a specified number of hours after capture.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Accept Detainee into the Medical Facility/ Intake Screening (Reference WBS 1.1.13))								
1.3.4.7	Provide an alert when result other than Normal comes back from the TB Screening	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Accept Detainee into the Medical Facility/ Intake Screening (Reference WBS 1.1.13))								
1.3.4.9	If detainee receives an over-read result that changes the original TB Clearance	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Accept Detainee into the Medical Facility/ Intake Screening (Reference WBS 1.1.13))								
1.3.4.9	If detainee comes in on a non-formulary medication that is extended.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Accept Detainee into the Medical Facility/ Intake Screening (Reference WBS 1.1.13))								
	Scheduling (Reference WBS 1.1.2)	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.10	Alert when an appointment is in the pending queue for greater than a specified amount of time.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Scheduling (Reference WBS 1.1.2))								
1.3.4.11	Alert when a cohesion change causes an original appointment to be sent to the scheduler queue with less than a specified number of days for scheduling.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Scheduling (Reference WBS 1.1.2))								
1.3.4.12	Provides an alert when the appointment quantities for a specified day/week/timeframe vs. weekday) are beyond the number of available appointments by a specified percentage.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Scheduling (Reference WBS 1.1.2))								
1.3.4.13	Provides an alert to all providers that a detainee at intake has been designated as an immediate referral	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Scheduling (Reference WBS 1.1.2))								
1.3.4.14	If selected as a part of the provider preference, alert when an appointment scheduled for the next 24 following days is changed or removed	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Scheduling (Reference WBS 1.1.2))								
1.3.4.15	Alert provider if selected as part of provider preferences, when an appointment is added to a schedule for the following day	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Scheduling (Reference WBS 1.1.2))								
	Encounters (Reference WBS 1.1.3)	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.16	Alert clinic leadership and scheduler manager that an appointment was not completed the day it was scheduled	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Encounters (Reference WBS 1.1.3))								
1.3.4.17	Alert scheduler of planned appointment vs scheduled beyond "X" days	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Encounters (Reference WBS 1.1.3))								
	Order Entry (Reference WBS 1.1.4) - Special Needs	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.18	Alert provider that a special need is about to expire. Provider will schedule follow-up appointment or extend special need	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Order Entry (Reference WBS 1.1.4) - Special Needs)								
	Order Entry (Reference WBS 1.1.4) - Suicide Watch/Observation	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.19	Alert when a Suicide Watch was ordered	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Order Entry (Reference WBS 1.1.4) - Suicide Watch/Observation)								
1.3.4.20	Alert if suicide watch rounds (Facility Activities / Tasks) are not documented within specified timeframe.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Order Entry (Reference WBS 1.1.4) - Suicide Watch/Observation)								
	Order Entry (Reference WBS 1.1.4) - Special Monitoring	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.21	Alert when a special monitoring Facility Activities / Tasks remains incomplete after beyond time limits of original order (Critical Order- Immediate, Non-Critical - range acceptable timeframes	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Order Entry (Reference WBS 1.1.4) - Special Monitoring)								
1.3.4.22	Alert the nurse completing the shift time if there is a medication this is still due for the previous datetime at the time the next statement is scanned.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (PM Lines (Reference WBS 1.1.5))								
1.3.4.23	Alert the nurse completing the shift time when a medication is scanned for administration and requires an entry of a value (blood sugar, blood pressure, etc.) at the time of medication administration.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (PM Lines (Reference WBS 1.1.5))								
1.3.4.24	Nurse completing medication pass that a pressure medication was missed.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (PM Lines (Reference WBS 1.1.5))								
1.3.4.27	Pharm dispensing review quantities of patient specific drugs and/or diversion of supplies.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (PM Lines (Reference WBS 1.1.5))								
1.3.4.26	If medication requested at empty dispensed, requires override with written rationale, can only dispense one dose without second person validation, more than one dose requires second person validation and the person must also provide written rationale for override.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (PM Lines (Reference WBS 1.1.5))								
1.3.4.25	Provide the ability for prompt provider to validate allergies at the time of any medication order.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (PM Lines (Reference WBS 1.1.5))								
	Sick Call (Reference WBS 1.1.6)	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.30	Alert when a sick call slip does not have a resolution within a specified number of hours.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Sick Call (Reference WBS 1.1.6))								
1.3.4.31	If a clinic that compiles sends sick call, alert when a sick call collected from a nurse will expire (48 hours if weekdays, 72 hours if weekend is included)	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Sick Call (Reference WBS 1.1.6))								
	Short Stay/Unit / Bed Management (Reference WBS 1.1.8)	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.32	Alert providers when a detainee is on observation extends beyond 24 hours	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Short Stay/ Unit / Bed Management (Reference WBS 1.1.8))								
	Transfers (Reference WBS 1.1.10)	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.33	Alert when a set of transfer requests are submitted by ICE through External interface	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts Transfers (Reference WBS 1.1.10))								
1.3.4.34	Alert when a transfer is not completed within a specified number of minutes before the projected time of departure.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Transfers (Reference WBS 1.1.10))								
	Clinic Management and Clinical Oversight (Reference WBS 1.1.11)	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								
1.3.4.35	Alert the nurse providers when ICE changes the risk factor, requiring re-compliance by ICE or supervisor.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
1.3.4.66	Alert when there are unsigned notes at the end of the day (nursing/all)	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
1.3.4.67	Alert HSA and CO when there is an adjustment to nurse cart stock or pharmacy stock	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
1.3.4.68	Alert HSA and CO when there are scheduled encounters that were not completed or rescheduled while maintaining compliance.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
1.3.4.69	Alert HSA and CO when at the specified time of day (afternoon) when an encounter will break the standards for an inmate/pt the same day.	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
1.3.4.70	Alert when a Critical Medication is missed	1.0 CORE - DECISION SUPPORT 1.3.4 Alerts (Clinic Management and Clinical Oversight (Reference WBS 1.1.11))								
	Credentialing and Privileging (Reference WBS 1.1.12)	**1.0 CORE - DECISION SUPPORT 1.3.4 Alerts**								

3.6.7.1	Alert individual when required item is set to expire at specified date.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Credentialing and Privileging - (Reference MBS 1.1.10))							
	Exchange of medical information with health organizations and partners (Reference MBS 1.5)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.7.2	Notify when an order for medical information is not received by within a specified amount of number of days	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Exchange of medical information with health organizations and partners - (Reference MBS 1.5))							
	Enhancements (Reference MBS 1.1.14)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.7.3	If someone is not in compliance with a enchancer criteria.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Enhancers (Reference MBS 1.1.14))							
	Family Reunionsal Facilities (Reference MBS 1.1.2)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.7.4	Alert after a specified number of days after a detainee becomes non-compliant with vaccination requirements	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Family Reunionsal Facilities - (Reference MBS 1.1.2))							
	Dental (Reference MBS 1.1)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.7.5	Alert when a dental acts will does not have an appropriate disposition within a specified amount of time.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Dental (Reference MBS 1.1))							
3.6.7.6	Alert when a detainee in in-custody does not have a scheduled dental exam prior to a specified number of 30 days before their 12th month.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Dental (Reference MBS 1.1))							
3.6.7.7	Alert when a referral is submitted for a dental condition.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Dental (Reference MBS 1.1))							
3.6.7.8	A detainee arrives with previous dental history documented within the EHR	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Dental (Reference MBS 1.1))							
	Mental Health (Reference MBS 1.1.1, 2.3)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.7.9	If patient that is diagnosed with a active mental health diagnosis that does not have a scheduled follow-up. Allow Chief Mental Health confirm OK and discontinue alert.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.0	Alert when request to made for Forensic evaluation	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.1	Alert HQ Mental Health Staff when a Forensic evaluation ans is completed.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.2	Alert individual covering for facility that a new mental health diagnosis was entered.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.3	Alert when psychotropic medications are prescribed	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.4	An intake screening has abnormal responses to mental health questions, provide an alert to prompt a mental health provider to review the screening.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.5	When any suicidal ideation is identified or suicide watch is initiated.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.6	Alert when mental health referral has not been scheduled after 24 hours (business days only)	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.7	Alert when a detainee with a mental health condition departs the facility	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.8	A referral is made within the facility = There is a mental health referral in the scheduler queue.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.9	A detainee is identified during intake screening, patient encounters or other information is documented that forces the detainee to meet the criteria for a significant detainee illness and the detainee has a previous mental health diagnosis or positive responses to mental health screening questions	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
3.6.8.10	A user enters a diagnosis that different than a previous DSM-5 diagnosis entered for the same detainee, provide warning to provider before moving on	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health (Reference MBS 1.1.3, 3.3))							
	Pharmacy (Pharmacology) (Reference MBS 1.3)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.8.11	Alert to slow dose dosing, or advising patient the app is active based on CPT code and Formulary Management Module	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Pharmacy / Pharmacology (Reference MBS 1.3))							
3.6.8.12	Alert as specified by facility to notify specified providers by CPT code	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Pharmacy / Pharmacology (Reference MBS 1.3))							
3.6.8.13	Electronically Pharmacist and MD based on Formulary Management Module when a Co-signature is required.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Pharmacy / Pharmacology (Reference MBS 1.3))							
3.6.8.14	Alert provider and pharmacist when Non-Formulary Request is approved	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Pharmacy / Pharmacology (Reference MBS 1.3))							
3.6.8.15	If provider that is not the Clinical Director orders a controlled medication	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Pharmacy / Pharmacology (Reference MBS 1.3))							
3.6.8.16	If provider that is not the Clinical Director orders a medication.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Pharmacy / Pharmacology (Reference MBS 1.3))							
	Epidemiology (Reference - MBS 1.1.3, 3.3)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.8.17	Alert when a detainee TB culture result is not detected by specified timeframe.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.18	Alert when a detainee being monitored as a infectious disease monitoring group is moved between facilities	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.19	Alert when a detainee being monitored as a infectious disease monitoring group is Departed or Released	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.20	Alert epidemiology when a detainee with a history of being of an infectious disease monitoring group returns to custody	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.21	Alert epidemiology when a detainee with a history of being of an infectious disease monitoring group returns to custody	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.100	Alert epidemiology when a Payment Authorization Request is submitted for Hospitalization or Emergency and the individual is an at surveillance group	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.103	Alert epidemiology when a detainee part of a monitoring group received updated lab values that are identified as pertinent to TB Care Management	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.104	Alert Provider, Infection Control Officer and an Epidemiology staff if value or external violates for TB related lab values.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.105	Alert Provider, Clinical Director, Infection Control Officer and an Epidemiology when a new reportable disease case is added.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.106	Alert the Infection Control Officer, HSA and CO when a specific amount of time has transpired since a reportable infectious disease was identified and the record additional information is not entered	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
3.6.8.107	Alert the Infection Control Officer, HSA and CO when a detainee with a reportable infectious disease enters the facility.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Epidemiology (Reference - MBS 1.1.3, 3.3))							
	Special Operations (Reference MBS 2.4)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.8.108	A detainee scheduled by special operations to require a medical record is not assigned to the record within a specified number of hours prior to the scheduled departure.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Special Operations (Reference MBS 2.4))							
3.6.8.109	A detainee is detainee is designated to require a medical alert after the individual is schedule to depart.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Special Operations (Reference MBS 2.4))							
	Mental Health Services (Reference MBS 2.3.3)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.8.110	A detainee that was previously designated as a PC/CR Case is no longer eligible for the alert/alert to detention program.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health Services (Reference MBS 2.3.3))							
3.6.8.111	For Patients identified under the purview of the Social Services Office, Notify Social Services their status changes (moved, deported, etc.)	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Mental Health Services (Reference MBS 2.3.3))							
	Performance Improvement (Reference MBS 3.1)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.8.112	Alert a facility has completed the required chart reviews.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Performance Improvement - (Reference MBS 3.1))							
3.6.8.113	Alert when a Facility is within a specified number of days prior the due date.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Performance Improvement - (Reference MBS 3.1))							
3.6.8.114	Alert when a facility does not have their medical record reviews complete and the due date has passed.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Performance Improvement - (Reference MBS 3.1))							
3.6.8.115	Alert when values of values at a specific facility are outside of a specific range of the established performance standards.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Performance Improvement - (Reference MBS 3.1))							
3.6.8.116	An incident report occurs with an outcome of Significant Injury or Effect	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Performance Improvement - (Reference MBS 3.1))							
3.6.8.117	An incident report occurs with an outcome of Death or Loss of Function	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Performance Improvement - (Reference MBS 3.1))							
	Tele-Radiology (M ED Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (3.3.3)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.8.118	A chest X-Ray result is not received within 4 hours of transmission.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-Radiology (HMS Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (3.3.3))							
3.6.8.119	Alert to all facility staff when an X-Ray comes back as TB Suspect	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-Radiology (HMS Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (3.3.3))							
3.6.8.120	Alert staff when X-ray has not been taken within a specified number of hours of arrival	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-Radiology (HMS Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (3.3.3))							
3.6.8.121	Notify when TB Suspect Screening Result is received	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-Radiology (HMS Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (3.3.3))							
3.6.8.122	TB Suspect Screening Results - any where designated to receive notice when a TB Suspect X-Ray result at risks and no respiratory isolation is available.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-Radiology (HMS Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (3.3.3))							
3.6.8.123	Alert that patient identifier in updated EHR (ORCA/EARS not functioning or inputting data to Tele-Radiology)	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-Radiology (HMS Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (3.3.3))							
3.6.8.124	Alert to QuikQA/PI officer review notification of reviews	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-Radiology (HMS Reference - Accepting a Detainee into a facility 1.1.1, Tele-Radiology (3.3.3))							
	Tele-Health (M ED Reference - Scheduling, 1.1.2, Encounters 1.1.3, Telehealth (3.3.3)	**3.3 CORE - DECISION SUPPORT 3.3.4 Alerts**							
3.6.8.125	A Telehealth appointment has not been confirmed a specified number of minutes prior to the appointment	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-health (HMS Reference - Scheduling, 1.1.2, Encounters 1.1.3, Telehealth (3.3.3))							
3.6.8.126	A Telehealth appointment was not used by a specified number of days prior to the date	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-health (HMS Reference - Scheduling, 1.1.2, Encounters 1.1.3, Telehealth (3.3.3))							
3.6.8.127	An appointment is available on the schedule of a CCDC provide.	3.3 CORE - DECISION SUPPORT 3.3.4 Alerts (Tele-health (HMS Reference - Scheduling, 1.1.2, Encounters 1.1.3, Telehealth (3.3.3))							
3.6.9	**All wOrkflow**	**3.3 CORE - DECISION SUPPORT**							
3.6.13.0	**General All wOrkflow Requirements**	**3.3 CORE - DECISION SUPPORT 3.3.05 wOrkflow**							
3.6.13.0.1	Provide capability support wOrkflow to ensure all tasks (work-printed and or manual) are completed by staff	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (General Workflow Requirements)							
3.6.13.0.2	Tasks the completion of items generated in wOrkflow to include the ability to document completion of multiple tasks at the same time.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (General Workflow Requirements)							
3.6.13.0.3	Ability to separate tasks by functional tasks and subtasks (Special Monitoring - Blood Pressure, Blood Sugar Checks, CLIA Waived Tests - Lab (Cholera, UDS, Flukes) - (Scheduling Process - New Appointment Request, Scheduling conflicts, Scheduled Changes, etc.)	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (General Workflow Requirements)							
3.6.13.0.4	Creating a process of prioritizing work tasks by type or category	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (General Workflow Requirements)							
3.6.13.0.5	Ability to modify the recipients of wOrkflow based on local processes of assignment of tasks and optimal staff allocation	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (General Workflow Requirements)							
	Clinic Support W-BS 1.2	**3.3 CORE - DECISION SUPPORT 3.3.05 wOrkflow**							
3.6.1	An individual is viewed a medication and not all detainees have a wristband to support bar code medication administration	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Clinic Support MBS 1.2)							
3.6.2	A medication order that was identified as STAT is changed to PRN order	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Clinic Support MBS 1.2)							
	Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1)	**3.3 CORE - DECISION SUPPORT 3.3.05 wOrkflow**							
3.6.3	A detainee is slated to arrive from a facility that has a recent Short Stay Unit stint or is designated as a severe condition (infectious disease, heart condition, unstable diabetic.)	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.4	Anticipated detainee does not arrive after a specified amount of time.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.5	A detainee is booked in by ICE or USM at an IGSA facility	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.6	An EmbraceTexting can look and was entered prior medical screening	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.7	A detainee is designated by ICE in EmbraceTexting as an stay less than 12 hours. (room and board or other designated)	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.8	An I-Tier is already complete within a specified amount of days/time, Nurse documents that the I-Tier was reviewed and provides a copy to medical records.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.9	An I-Tier is available electronically or in a scanned version completed by ICE.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.10	A alert/notation is made that an individual does not require an I-Tell due to length of stay or other issue. (Based on process, a facility can just repeatedly dismiss the need for completion of I-Tell)	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.11	A detainee that was designated by ICE to be on site less than 12 hours stays beyond 12 hours or is re-designated by ICE.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.12	A detainee arrives at a facility prior to ICE processing in EmbraceTexting	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.13	A nurse reviews the list of arrivals and identify detainees without TB screening	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							
3.6.14	If entering PPD Packet (or non-Tele-Radiology) data	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility/ Intake Screening (Reference MBS 1.1.1))							

3.3.0.15	Nurse captures X-Ray and sends for read.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.16	Nurse completes intake screening when X-Ray results has already been received.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.17	X-Ray received after screening is complete	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.18	A result is received electronically from the Tele-Radiology system that indicates TB Suspect.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.19	Abnormal X-Ray (Not TB Suspect) result is received.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.20	X-Ray image is captured and reviewed by a radiologist and it is determined to result in a retake.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.21	A retake is required that is related to a image capture at the local site.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.22	A notification is received changing the original result overhead by the attending provider with a different result.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.23	HCE or BOP merges two exquisite detainee records into one.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.24	Users in merge action in the HCE or BOP custody system medical information is present in both records to be merged.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.25	A merge that was validated by medical staffed was determined to be in error.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.26	Medical Record Information is added, modified or deleted from a medical record that may have impacted the assessment of medical information by the healthcare staff member.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.27	A detainee arrives at the facility with medication history or medications an official documentation.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.28	Nurse completes entry of all medications.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.29	Provider approves medication and prescribes medication	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.30	Detainee arrives with a history or documented medication when a provider is on-site.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.31	Provider not available and verbal order is obtained	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.32	The medication that was prescribed during intake screening is Non-Formulary.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.33	A detainee is determined to be on a medication that the detainee does not have on hand (none or pre-pill) transfer possession) but is available in the nursing mg/S stock.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.34	Item on hand and is continued through a medication order is listed as DEA scheduled item(s) III/IV/V.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.35	Nurse enters information on DEA items as indicated on the MAR.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.36	Shift Change Occurs after DEA items are received.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.37	Non-formulary request is disapproved.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.38	The disposition of an intake screening is General Population with referral to medical care	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.39	The disposition of an intake screening is an Immediate Referral	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.40	Provider reviews the detainee chart and determines the detainee can wait and transitions (optional)	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.41	Protocol response Isolation (example: Positive CXR, HIV1 Suspect)	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.42	Verbal Order for Admission to SMU or segregation for a medical reason is obtained	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.43	An individual is placed in segregation for a non-medical reason and medical is notified.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
3.3.0.44	An individual remains in segregation for a non-medical reason greater than 8 hours.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Accept Detainee into the Medical Facility Intake Screening (Reference MED 1.1.1))							
	Scheduling (Reference MED 1.1.2)	**3.3 CORE - DECISION SUPPORT 3.3.0 Workflow**							
3.3.0.45	A detainee has an intake screening disposition of escalation.	3.3 CARE - DECISION SUPPORT 3.3.0 Workflow (Scheduling (Reference MED 1.1.2))							
3.3.0.46	A detainee has been designated as an immediate refer-ral to medical	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Scheduling (Reference MED 1.1.2))							
3.3.0.47	A detainee has an encounter prior to the completion of the physical exam	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Scheduling (Reference MED 1.1.2))							
3.3.0.48	A detainee that has not had their physical exam done in in custody for greater than a specified number of days.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Scheduling (Reference MED 1.1.2))							
3.3.0.49	A detainee is designated with a nursing level physical	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Scheduling (Reference MED 1.1.2))							
3.3.0.50	A detainee is designated as beyond a Nursing level physical exam	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Scheduling (Reference MED 1.1.2))							
3.3.0.51	A provider changes their schedule or a scheduled change schedules (event) resource (Nurse) due to staff limitations	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Scheduling (Reference MED 1.1.2))							
3.3.0.52	A detainee transfers to a SMU site after they have had their physical exam completed	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Scheduling (Reference MED 1.1.2))							
3.3.0.53	A special need (aid, monitoring, hearing, medical equipment) is about to expire.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Scheduling (Reference MED 1.1.2))							
	Encounters (Reference MED 1.1.3)	**3.3 CORE - DECISION SUPPORT 3.3.0 Workflow**							
3.3.0.54	A detainee is a no-show for a scheduled appointment	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Encounters (Reference MED 1.1.3))							
3.3.0.55	A no-show is reported as refusal	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Encounters (Reference MED 1.1.3))							
3.3.0.56	Refusal task results in detainee refusing referral intern	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Encounters (Reference MED 1.1.3))							
3.3.0.57	A detainee enters the facility and has previous scheduled in the past or future appointments (from same or different facilities)	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Encounters (Reference MED 1.1.3))							
3.3.0.58	A Nurse completes a 14 day physical	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Encounters (Reference MED 1.1.3))							
3.3.0.59	A physical exam or encounter is completed determination is made on his/her ability to work in the kitchen.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Encounters (Reference MED 1.1.3))							
3.3.0.60	An individual that has been designated as unable to work in the Kitchen is seen in the clinic.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Encounters (Reference MED 1.1.3))							
3.3.0.61	A detainee diagnosed with a reportable infectious disease	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Encounters (Reference MED 1.1.3))							
	Order Entry (Reference MED 1.1.4)	**3.3 CORE - DECISION SUPPORT 3.3.0 Workflow**							
3.3.0.62	Refer-ral to Emergency Room and specialty appointments	3.3 CARE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4))							
3.3.0.63	Approval from Clinical Director (CD) or Managed Care Coordinator (MCC and FCH)	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4))							
3.3.0.64	A detainee returns from off-site medical care (Appointment or Emergency Room)	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4))							
3.3.0.65	Specialty / Off-Site Medical Record Obtained	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4))							
	Order Entry (Reference MED 1.1.4) - Special Needs	**3.3 CORE - DECISION SUPPORT 3.3.0 Workflow**							
3.3.0.66	Special Need is activated	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Special Needs)							
3.3.0.67	Special Need is removed.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Special Needs)							
	Order Entry (Reference MED 1.1.4) - Suicide Observation	**3.3 CORE - DECISION SUPPORT 3.3.0 Workflow**							
3.3.0.68	Suicide Observation initiated by provider	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Suicide Observation)							
3.3.0.69	Prompt for recurring checks by nurses in the Facility Activities / Tasks.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Suicide Observation)							
3.3.0.70	Mental health or Provider removes suicide watch.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Suicide Observation)							
	Order Entry (Reference MED 1.1.4) - Special Monitoring	**3.3 CORE - DECISION SUPPORT 3.3.0 Workflow**							
3.3.0.71	Unspecified immediately by the order.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Special Monitoring)							
3.3.0.72	Order indicates monitoring until a specified date in the order	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Special Monitoring)							
	Order Entry (Reference MED 1.1.4) - Medication Orders	**3.3 CORE - DECISION SUPPORT 3.3.0 Workflow**							
3.3.0.73	Medication is submitted where a 5324 Pharmacy designated is fill.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Medication Orders)							
3.3.0.74	Medication Order is Fulfilled	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Medication Orders)							
3.3.0.75	Medication order is a change from the original order	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Medication Orders)							
3.3.0.76	For sites with remote pill line dose by nurses, medication is accepted by nurse and placed in distribution cart.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Medication Orders)							
3.3.0.77	A detainee is considered a cleo not pending 3 negative TB sputum test results	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Medication Orders)							
3.3.0.78	A detainee is transferred an Tuberculosis Medications	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Medication Orders)							
3.3.0.79	A detainee is added to the TB Surveillance Group	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Medication Orders)							
3.3.0.80	The TB culture results return skin and negative	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Medication Orders)							
	Order Entry (Reference MED 1.1.4) - Mail Order Pharmacy	**3.3 CORE - DECISION SUPPORT 3.3.0 Workflow**							
3.3.0.81	Provider submits a medication where no pharmacy is available, the Pharmacy is closed or a Pharmacist designates an order to be filled through Mail Order Pharmacy	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Mail Order Pharmacy)							
3.3.0.82	Mail Order Pharmacy Accepts Order and provides disposition.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Mail Order Pharmacy)							
3.3.0.83	Mail Order Pharmacy rejects order.	3.3 CORE - DECISION SUPPORT 3.3.0 Workflow (Order Entry (Reference MED 1.1.4) - Mail Order Pharmacy)							

13.0.94	Mail order Pharmacy orders are delivered	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Mail Order Pharmacy							
13.0.95	Order received does not match the original order in strength, quantities or directions (legal substitution).	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Mail Order Pharmacy							
	Order Entry [Reference MIBS 11.4] - After Hours Medication (no provider on site)	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.96	Medications that are not with the detainee are continued by a provider	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - After Hours Medication (no provider on site)							
13.0.97	Medication order is received from an off site provider and documented.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - After Hours Medication (no provider on site)							
13.0.98	Medications that are new with the detainee was continued and an additional dose is due.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - After Hours Medication (no provider on site)							
13.0.99	The medication order documented after hours is not formulary item	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - After Hours Medication (no provider on site)							
13.0.100	An individual receives a verbal order from a provider for a medication or any of the above medications	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - After Hours Medication (no provider on site)							
	Order Entry [Reference MIBS 11.4] - Critical Medication	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.101	A detainee does not receive critical medication	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Critical Medications							
	Order Entry [Reference MIBS 11.4] - Formulary vs. non-formulary	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.102	A provider orders a non-formulary medications	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Formulary vs. non-formulary							
13.0.103	A provider accepts (off) a non-formulary request	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Formulary vs. non-formulary							
13.0.104	Clinical Director of Medical Division Approves non-formulary	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Formulary vs. non-formulary							
	Order Entry [Reference MIBS 11.4] - Enter Medical Alert	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.105	A detainee at intake screening is documented with a condition that requires a medical alert per SOP/Policy	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Enter Medical Alert							
13.0.106	A detainee is diagnosed or a provisional diagnosis is entered by the nurse and the detainee does not currently have a medical alert.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Enter Medical Alert							
13.0.107	A medical alert is submitted by the provider.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Enter Medical Alert							
13.0.108	A medical alert is compared by HSA, CO or designee.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Enter Medical Alert							
13.0.109	A detainee with a medical alert is seen by a provider and a diagnosis is removed.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Enter Medical Alert							
	Order Entry [Reference MIBS 11.4] - Enter Medical Hold	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.109	A Medical Hold is entered by an individual member.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Enter Medical Hold							
13.0.101	Criteria for Release of Medical Hold are met.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Enter Medical Hold							
13.0.102	A Medical Hold is released.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Enter Medical Hold							
	Order Entry [Reference MIBS 11.4] - Protocol/Policy Based Orders	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.103	A Protocol/Policy Based Order is initiated by HCA/DA to apply to all facilities. (Initial and Annual Chest X-Rays, CLIA waived tests for blood sugar, pregnancy test, urinalysis, hemoccult stool, rapid strep throat, sperm/semen, rapid heparin)	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Protocol/Policy Based Orders (							
	Order Entry [Reference MIBS 11.4] - Lab Orders	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.104	Lab order is entered by a provider for a point-of-care/vendor/in-house lab.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.105	Lab draw is completed by nursing	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.106	Lab specimen is received by in-house lab.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.107	For labs that are sent to local lab not included in the contract lab interface.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.108	Lab results are received from contract lab.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.109	Critical Lab values are received from the contract lab or documented upon receipt and scanning into the medical record	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.110	HCUA waived test is required.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.111	HCUA waived test result is entered.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.112	Quality Assurance Checks is required for CLIA waived tests.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.113	An individual attempts to complete a CLIA waived test when the Quality Control dis are due for that particular test.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.114	TB Clearance Check is logs	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
13.0.115	An individualis deemed by the radiology or the staff member that a needs is required.	13 CORE - DECISION SUPPORT 13.0 Workflow [Order Entry] Reference MIBS 11.4] - Lab Orders							
	Referrals [Reference MIBS 11.5]	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.116	Referral is entered into a record by a provider that is not the Clinical Director (CD).	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.117	A referral is approved by CD	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.118	A referral needs a high level or specialty approval.	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.119	After a referral denial, a detainee or clinical staff member provides additional documentation.	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.120	A detainee completes the care provided.	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.121	A detainee record is received from off-site provider	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.122	A an approved referral is given beyond the standard set of days based on urgency/need.	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.123	A referral is identified by the submitter or the Managed Care Coordinator (Field Case Manager (through follow-up) that an Emergency Room visit was admitted to an inpatient setting.	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.124	An individual has is documented in the system when they are not back at the detention facility from after discharge on an inpatient stay.	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.125	An individual is 'ready for discharge' but is determined to require special services.	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.126	A medical bed at a local facility is reserved for a detainee that will be discharged from the hospital.	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
13.0.127	A detainee's scheduled to or has been not or he is in the midst of receiving services at a specified number of hours after the anticipated arrival.	13 CORE - DECISION SUPPORT 13.0 Workflow [Referrals [Reference MIBS 11.5]]							
	Facility Activities / Tasks (Provider, Nursing, Mental Health) - [Reference MIBS 11.6]	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.128	A Facility Activity / Task is partially complete	13 CORE - DECISION SUPPORT 13.0 Workflow [Facility Activities / Tasks (Provider, Nursing, Mental Health) - [Reference MIBS 11.6]]							
13.0.129	A Facility Activity / Task is complete when a previous task was incomplete.	13 CORE - DECISION SUPPORT 13.0 Workflow [Facility Activities / Tasks (Provider, Nursing, Mental Health) - [Reference MIBS 11.6]]							
	PIU Live [Reference MIBS 11.7]	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.130	A 'Non-PIU' order (a Stock order) or Facility does not stock that ordered	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.131	An Inpatient refers to take 'at-home' PIU medications with pill line	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.132	A detainee is released from custody with 'at-home' medications while on PIU [Live [Reference MIBS 11.7]]	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.133	An individual is released or discharged	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.134	A detainee refuses a PIU medication(s) or medication while at pill line or at a pill line window	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.135	A pill line medication order is active and a specified time after the previous medication administration due.	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.136	A detainee does not receive a critical medication due to "no show"	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.137	A detainee is on pill line but is documented in another pod.	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.138	A detainee is on a critical medication was issued HCP.	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.139	A provider modifies an order when it is locked for offline/cards pill line distribution.	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.140	A medication order that was identified as PIU line is changed to HCP	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.141	A DAT medication is ordered	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.142	A detainee is outside the parameters for execution of the order.	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
13.0.143	An individual is issued a medication	13 CORE - DECISION SUPPORT 13.0 Workflow [PIU Live [Reference MIBS 11.7]]							
	Automated Medication Packaging Systems	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.144	Pharmacist reviews and selects AMPS for a pill line medication.	13 CORE - DECISION SUPPORT 13.0 Workflow [Automated Medication Packaging Systems]							
13.0.145	Pharmacist reviews and selects IV through AMPS	13 CORE - DECISION SUPPORT 13.0 Workflow [Automated Medication Packaging Systems]							
13.0.146	Authorized user orders medication and selects the AMPS to prepare/ package the DTC.	13 CORE - DECISION SUPPORT 13.0 Workflow [Automated Medication Packaging Systems]							
13.0.147	An order is reviewed by a provider and the pharmacist dfills through a handheld device	13 CORE - DECISION SUPPORT 13.0 Workflow [Automated Medication Packaging Systems]							
13.0.148	An after hours order is given, reviewed by the provider and pharmacist remotely that is within the authorized after hours, controlled substances, PRN*	13 CORE - DECISION SUPPORT 13.0 Workflow [Automated Medication Packaging Systems]							
13.0.149	A transfer is confirmed to depart for relay.	13 CORE - DECISION SUPPORT 13.0 Workflow [Automated Medication Packaging Systems]							
	Sick Call [Reference MIBS 11.8]	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.150	A sick call request is documented with the date/time submitted	13 CORE - DECISION SUPPORT 13.0 Workflow [Sick Call [Reference MIBS 11.8]]							
13.0.151	A nurse reviews the requests for sick-call and determines that the individual needs to be seen urgently	13 CORE - DECISION SUPPORT 13.0 Workflow [Sick Call [Reference MIBS 11.8]]							
13.0.152	A nurse reviews the requests for sick-call and determines that the individual can be seen the next business day for a sick-call appointment	13 CORE - DECISION SUPPORT 13.0 Workflow [Sick Call [Reference MIBS 11.8]]							
13.0.153	A sick-call request is by a nurse and a determination is made to see the detainee immediately	13 CORE - DECISION SUPPORT 13.0 Workflow [Sick Call [Reference MIBS 11.8]]							
13.0.154	A nurse is not available to complete the triage of a sick-call requests	13 CORE - DECISION SUPPORT 13.0 Workflow [Sick Call [Reference MIBS 11.8]]							
	Short Stay/Unit / Bed Management [Reference MIBS 11.9]	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.155	A detainee is admitted to the Short Stay Unit or a segregation cell by a provider	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.156	An admission is completed and there are required items incomplete.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.157	A detainee is placed in observation	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.158	Nursing care plan is created.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.159	Nurse documents that one of the goals within a nursing care plan is achieved.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.160	A detainee is placed in an SSU bed or Segregation for observation for a medical reason	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.161	A detainee remains in observation for longer than 24 hours	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.162	A detainee admitted to the SSU/MHU remains admitted or in observation.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.163	Patient is discharged from Short Stay Unit / Alternate Housing	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.164	Provider completes the discharge plan.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.165	Nurse executes discharge plan.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.166	Patient identified as requiring boarding in the medical clinic for an non-medical reason.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.167	Patient is identified as a boarder for a medical reason.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.168	Leaving places an individual in segregation for a non-medical reason and SOA is notified.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
13.0.169	A detainee documented as "in segregation" remains in segregation.	13 CORE - DECISION SUPPORT 13.0 Workflow [Short Stay Unit / Bed Management [Reference MIBS 11.9]]							
	Transfers [Reference MIBS 11.10]	**13 CORE - DECISION SUPPORT 13.0 Workflow**							
13.0.170	ICE makes a move official for a group of detainees.	13 CORE - DECISION SUPPORT 13.0 Workflow [Transfers [Reference MIBS 11.10]]							

3.0.171	When a detainee being transferred to an active medication that is deemed by the provider as a transport medication	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Transfers (Reference WBS 1.1.10)							
3.0.172	Medications are reviewed by Pharmacist and confirmed.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Transfers (Reference WBS 1.1.10)							
3.0.173	When Transfer summary is complete and the medications are prepared.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Transfers (Reference WBS 1.1.10)							
3.0.174	A Pharmacist med rides the medication dosed to accompany detainee to exclude a listed medication.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Transfers (Reference WBS 1.1.10)							
	Intra Management and Clinical Oversight (Reference WBS: 1.1.11)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.175	A patient refuses medical care at any time during the detention stay.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
3.0.176	A detainee is unavailable to sign refusal and reason for refusal is documented with ability to document level of provider required.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
3.0.177	Provide a list of items note (or tags, medication orders, provisional diagnoses, etc.) that require co-signature, remove from query after co-signature	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
3.0.178	HSA reviews an item requiring co-signature that does not have a local indication to continue.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
3.0.179	A medical record release is requested by the detainee	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
3.0.180	A medical record release is approved.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
3.0.181	A medical record notes has been requested by appropriate authorities.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
3.0.182	A medical record release is complete by appropriate provider	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
3.0.183	A detainee is identified during intake screening, patient encounters or other information is documented that shows the detainee to meet the criteria for a significant diabetes illness.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
3.0.184	A detainee is seen that was previously designated as a significant diabetes illness that was previously seen/taken by a sister level provider	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Clinic Management and Clinical Oversight (Reference WBS 1.1.11)							
	Credentialing and Privileging (Reference WBS 1.1.12)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.185	New item received and documented by user.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Credentialing and Privileging (Reference WBS 1.1.12)							
	Exchange of medical information with health organizations and partners (Reference WBS 1.1.13)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.186	A request for medical records released is submitted	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Exchange of medical information with health organizations and partners (Reference WBS 1.1.13)							
3.0.187	Medical information is available at a partner facility or organization through interoperability	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Exchange of medical information with health organizations and partners (Reference WBS 1.1.13)							
3.0.188	A provider obtains history from the detainee during screening or provider that would benefit from prior medical information.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Exchange of medical information with health organizations and partners (Reference WBS 1.1.13)							
3.0.189	Hand off the medical appointment / treatment authorization request appointment is completed.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Exchange of medical information with health organizations and partners (Reference WBS 1.1.13)							
	Grievances (Reference WBS: 1.1.14)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.190	A detainee submits a medical grievance.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Grievances (Reference WBS: 1.1.14)							
3.0.191	A grievance is not in compliance with submission criteria.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Grievances (Reference WBS: 1.1.14)							
3.0.192	A grievance is answered.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Grievances (Reference WBS: 1.1.14)							
3.0.193	A grievance is deemed to require an appointment to resolve.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Grievances (Reference WBS: 1.1.14)							
3.0.194	A grievance is appealed	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Grievances (Reference WBS: 1.1.14)							
3.0.195	An answer to the appeal or dismissal.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Grievances (Reference WBS: 1.1.14)							
	Family/Residential Facilities (Reference WBS 1.1.2)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.196	Immunizations are due to a detainee in custody	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Family/Residential Facilities (Reference WBS 1.1.2)							
	Dental (Reference WBS 1.1)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.197	A dental referral is submitted from intake, sick call, or during medical encounters	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Dental (Reference WBS 1.1)							
3.0.198	A detainee is in custody/care custody with ICE for greater than 72 months	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Dental (Reference WBS 1.1)							
3.0.199	A detainee with a dental condition returns from off-site dental care	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Dental (Reference WBS 1.1)							
	Mental Health (Reference WBS 1.1.3, 1.3)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.200	Individual completes a mental health hospitalization update and documents	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Mental Health (Reference WBS 1.1.3, 1.3)							
3.0.201	An individual is prescribed psychotropic medications	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Mental Health (Reference WBS 1.1.3, 1.3)							
3.0.202	An individual is placed in segregation at a location where a mental health provider is on staff.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Mental Health (Reference WBS 1.1.3, 1.3)							
3.0.203	An individual answers positively to items to harm themselves.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Mental Health (Reference WBS 1.1.3, 1.3)							
3.0.204	A forensic evaluation is placed in the medical record	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Mental Health (Reference WBS 1.1.3, 1.3)							
3.0.205	A mental health provider selects mental health diagnosis and entry of medications to override	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Mental Health (Reference WBS 1.1.3, 1.3)							
	Pharmacy/ Pharmacovigy (Reference WBS 1.2)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.206	New Orders - Any new pharmaceutical orders pending	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Pharmacy/ Pharmacovigy (Reference WBS 1.2)							
3.0.207	Order to Shred at a facility that distributes pills in the housing units where packing is required (not applicable at facilities that distribute as-ordered)	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Pharmacy/ Pharmacovigy (Reference WBS 1.2)							
3.0.208	Discontinued Orders – any orders newly input or discontinued go into a queue for action by the Pharmacist. Ensures provider and Pharmacy are working off the same information.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Pharmacy/ Pharmacovigy (Reference WBS 1.2)							
3.0.209	A medication is due for a refill and the detainee is still in custody/ in days before it expires.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Pharmacy/ Pharmacovigy (Reference WBS 1.2)							
3.0.210	A detainee returns to the facility prior to the specific number of the number of hours.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Pharmacy/ Pharmacovigy (Reference WBS 1.2)							
3.0.211	A short cycle medication is coming up to the end of its first cycle period.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Pharmacy/ Pharmacovigy (Reference WBS 1.2)							
	Tele Radiology (WBS Reference: - Accepting a Detainee into a facility 1.1.1, Tele Radiology (2.2.3)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.212	Positive X-Ray Results - Negative, notify on duty staff and communicate on-ay (internal) status to intake system - Insert into SAR	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Radiology (WBS Reference: - Accepting a Detainee into a facility 1.1.1, Tele Radiology (2.2.3)							
3.0.213	A detainee has an active TB Screening within 1 year since last CXR or other marker as per protocol/procedures	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Radiology (WBS Reference: - Accepting a Detainee into a facility 1.1.1, Tele Radiology (2.2.3)							
3.0.214	Detainee is manually entered into the EHR pending Entra or Entry and is determined not to have TB Disease per standard.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Radiology (WBS Reference: - Accepting a Detainee into a facility 1.1.1, Tele Radiology (2.2.3)							
3.0.215	If the screening disposition was General Population or ISP with Referral to medical care and X-Ray result is Has TB suspect.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Radiology (WBS Reference: - Accepting a Detainee into a facility 1.1.1, Tele Radiology (2.2.3)							
3.0.216	Individual determines that a intake is needed.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Radiology (WBS Reference: - Accepting a Detainee into a facility 1.1.1, Tele Radiology (2.2.3)							
3.0.217	Interpretating reviewed from Tele Radiology sends	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Radiology (WBS Reference: - Accepting a Detainee into a facility 1.1.1, Tele Radiology (2.2.3)							
3.0.218	When a detainee is determined to require TB Screening	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Radiology (WBS Reference: - Accepting a Detainee into a facility 1.1.1, Tele Radiology (2.2.3)							
3.0.219	A detainee remains in custody to the point that the documented TB Clearance is expired or will expired on a specified number of days (10 days)	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Radiology (WBS Reference: - Accepting a Detainee into a facility 1.1.1, Tele Radiology (2.2.3)							
	Tele Health (WBS Reference: - Scheduling 1.1.5, Encounters 1.1.5, Telehealth (2.2.5)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.220	A detainee request a new health appointment.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Health (WBS Reference: - Scheduling 1.1.5, Encounters 1.1.5, Telehealth (2.2.5)							
3.0.221	A detainee is seen through tele-health and receives orders (special needs, special monitoring, medication short step-out, etc).	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Tele Health (WBS Reference: - Scheduling 1.1.5, Encounters 1.1.5, Telehealth (2.2.5)							
	Epidemiology (Reference: - WBS 1.1.6, 1.3)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.222	Detainee is identified and added to a group of detainees with reportable infectious diseases.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Epidemiology (Reference: - WBS 1.1.6, 3.6)							
3.0.223	Detainee is identified by ICE as ready for deportation through on-requests to release the medical hold.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Epidemiology (Reference: - WBS 1.1.6, 3.6)							
3.0.224	Continuity of Care Plan Complete and Medical Hold Release.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Epidemiology (Reference: - WBS 1.1.6, 3.6)							
3.0.225	TB Suspect is evaluated, diagnosed and transfer set on treatment	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Epidemiology (Reference: - WBS 1.1.6, 3.6)							
3.0.226	Detainee is identified and diagnosed with an reportable infectious diseases.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Epidemiology (Reference: - WBS 1.1.6, 3.6)							
3.0.227	A staff member determines an individual diagnosed.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Epidemiology (Reference: - WBS 1.1.6, 3.6)							
3.0.228	A user adds a detainee to the appropriate reportable disease risk wellness group	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Epidemiology (Reference: - WBS 1.1.6, 3.6)							
3.0.229	Detainee is enrolled in the continuity of care plan for TB by local infection control officer.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Epidemiology (Reference: - WBS 1.1.6, 3.6)							
3.0.230	A medical hold is removed by staff member.	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Epidemiology (Reference: - WBS 1.1.6, 3.6)							
	Special Operations (Reference WBS 2.4)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.231	A detainee is documented by a medical alert that requires an escort	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Special Operations (Reference WBS 2.4)							
3.0.232	A detainee is designated by ICE to be deported when a detainee has a medical alert with designation requiring medical alert	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Special Operations (Reference WBS 2.4)							
	Mental Health Services (Reference W BS 3.3.3)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.233	A detainee is added by ICE to the group requiring action from mental health services staff (Alternatives to Detention, Post Order Custody Review)	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Mental Health Services (Reference WBS 3.3.3)							
3.0.234	Availability of off-site healthcare has been determined and is available	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Mental Health Services (Reference WBS 3.3.3)							
	Performance Improvement (Reference WBS 3.7)	**3.0 CORE - DECISION SUPPORT 3.0.0 Workflow**							
3.0.235	A new quarter is initiated for Performance Improvement Monitoring	3.0 CORE - DECISION SUPPORT 3.0.0 Workflow (Performance Improvement (Reference WBS 3.7)							
1.0	**Dashboards (W BS 1.1.8)**	**3.0 CORE - DECISION SUPPORT Dashboards (W BS 1.1.8)**							
	General Dashboard Requirements	**3.0 CORE - DECISION SUPPORT Dashboards (W BS 1.1.8)**							
QR 1.0.0.1	Provide the ability to combine alerts, queries, reports and workflows on a single screen for the purpose of supporting a specific function or individual	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (General Dashboard Requirements)							
QR 1.0.0.2	Apply role based user security for each dashboard to prevent staff without access from viewing	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (General Dashboard Requirements)							
QR 1.0.0.3	Provide hyperlinks to all actions (workflow or alerts) that are required by the individual granted access to the dashboard	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (General Dashboard Requirements)							
QR 1.0.0.4	Provide the ability to sort the various sections containing the differing actions based on various parameters.	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (General Dashboard Requirements)							
QR 1.0.0.5	Removes all tasks that have been completed such that only items that require action show.	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (General Dashboard Requirements)							
QR 1.0.0.6	Provides the ability to add additional dashboard information at the discretion of the user and the available queries, alerts, reports, workflow.	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (General Dashboard Requirements)							
QR 1.0.0.7	Provide the ability to break out current dashboards into several different dashboards depending on the needs of the specific workflow and workload.	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (General Dashboard Requirements)							
QR 1.0.0.8	Provide the ability to define dashboards specifically related to a patient diagnosis that identifies the critical pertinent values and actions appropriate for management of the condition.	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (General Dashboard Requirements)							
	Office of the Director	**3.0 CORE - DECISION SUPPORT Dashboards (W BS 1.0.8)**							
1.0.0.1	Start Stop Unit - Provide all tools with status	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (Office of the Director)							
1.0.0.2	Provide virtual Movement between Facilities for ISOs	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (Office of the Director)							
1.0.0.3	Significant Detainee Grievers	3.0 CORE - DECISION SUPPORT Dashboards (WBS 1.0.8) (Office of the Director)							

1.0.0.4	Clients Status Summary	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Office of the Director)							
1.0.0.5	Medical Record Review Requests	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Office of the Director)							
	Health Services Administrators	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.6	Intake Screening Status	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
1.0.0.7	Alert Step Unit Dashboard	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
1.0.0.8	Provide a list and Historical Suicide Watches	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
1.0.0.9	Provide a list and Historical Hunger Strikes	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
1.0.0.10	Provide a list Pregnant Detainees with due date and whether any complications or risk factors have been identified.	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
1.0.0.11	Detainees with special requirements for coordination with ICE	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
1.0.0.12	Incident Reports requiring co-signature	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
1.0.0.13	Referrals Awaiting Appointments	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
1.0.0.14	Unsigned provider notes	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
1.0.0.15	Completed Referrals Awaiting Medical Record	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Health Services Administrators)							
	Clinical Directors	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.16	Provide a list Patients Scheduled	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Clinical Directors)							
1.0.0.17	Provide a list Orders awaiting co-signature	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Clinical Directors)							
1.0.0.18	Referrals Pending and Approved	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Clinical Directors)							
1.0.0.19	Any Actions related to Controlled or Critical Medications (Based on MAR, and/or orders)	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Clinical Directors)							
1.0.0.20	Incoming Physical Exams Pending Co-signature	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Clinical Directors)							
1.0.0.21	Unsigned intake screenings with referrals for medical care (immediate vs. non-immediate) with provider validation status.	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Clinical Directors)							
1.0.0.22	Daily Short Stay Unit Encounters Pending	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Clinical Directors)							
	Physician	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.23	Provide a list Patients Scheduled	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Physician)							
1.0.0.24	Provide a list Orders awaiting co-signature	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Physician)							
1.0.0.25	Referrals Submitted by the user with status (Pending and Approved)	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Physician)							
1.0.0.26	Incoming Physical Exams Pending Co-signature	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Physician)							
1.0.0.27	Daily Short Stay Unit Encounters Pending	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Physician)							
	Providers	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.28	Provide a list Patients Scheduled	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Providers)							
1.0.0.29	Provide a list Orders with status	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Providers)							
1.0.0.30	Referrals Submitted by the user with status (Pending and Approved)	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Providers)							
1.0.0.31	Daily Short Stay Unit Encounters Pending	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Providers)							
1.0.0.32	Completed intake screenings with referrals for medical care (immediate vs. non-immediate) with provider validation status.	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Providers)							
	Nurses	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.33	Provide a list Facility Tasks (Special Monitoring, Care Plan Activities, Segregation Rounds, Laboratory Draws) with the ability to include specialty areas when creating General Health Facility Tasks.	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Nurses)							
1.0.0.34	Intake Screening: Arrivals and Status (TB Screening Status, CURE Status (when required), PPD Status (non-Yes Radiology's Also)	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Nurses)							
1.0.0.35	Medications Filled Awaiting Confirmation and Pending To PO Line (for facilities without a pill line window)	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Nurses)							
1.0.0.36	Short Stay/Unit Care Plans Required	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Nurses)							
1.0.0.37	Care Plan Activities Pending	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Nurses)							
1.0.0.38	Vivint Call Requests Due	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Nurses)							
1.0.0.39	Wants dates a Nurse is required to complete physical exams (for scheduling)	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Nurses)							
1.0.0.40	Kardex Activities Pending	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Nurses)							
1.0.0.41	Immunizations Pending	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Nurses)							
	Medical Records	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.42	Scheduled Queue	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Medical Records)							
1.0.0.43	Referrals without electronic signature	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Medical Records)							
1.0.0.44	All Facility Referrals with Status	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Medical Records)							
1.0.0.45	Scheduled Appointments Requiring Transport	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Medical Records)							
1.0.0.46	Scheduled Tele-health appointments	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Medical Records)							
1.0.0.47	Release of Medical Record Requests	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Medical Records)							
	Pharmacy	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.48	Medications Pending Orders	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Pharmacy)							
1.0.0.49	Medications Pending Delivery	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Pharmacy)							
1.0.0.50	Kardex Needed	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Pharmacy)							
1.0.0.51	Scheduled Queue of All Dental Appointments	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Pharmacy)							
1.0.0.52	Dental Sick Calls	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Pharmacy)							
1.0.0.53	Regional referrals Pended for Dental Approval (Regional Dentist or Designee Only)	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Pharmacy)							
	Mental Health	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.54	Scheduled Queue of All Mental Health Pending	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Mental Health)							
1.0.0.55	Mental Health Admissions	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Mental Health)							
1.0.0.56	Mental Health Treatment Plan Activities	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Mental Health)							
1.0.0.57	Group Activities Scheduled	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Mental Health)							
1.0.0.58	Provide a list of encounters completed by mental health staff that are not designated the PMHP of the detainee.	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Mental Health)							
	Special Operations	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.59	Nurse Reviews Returned with Status (Triaged by ICE Screener) and Medical Alert with recommendation for specialty)	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Special Operations)							
1.0.0.60	Worksite Enforcement Screenings Completed	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Special Operations)							
	Managed Care	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.61	Refer and referrals Pending Jay Reports	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Managed Care)							
1.0.0.62	Refer and referrals Pended for Medical Review with status	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Managed Care)							
1.0.0.63	Refer and referrals Pended for Mental Health Review	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Managed Care)							
1.0.0.64	Refer and referrals Pended for Dental Review	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Managed Care)							
1.0.0.65	Hospitalization Refer and referrals Requiring Update	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Managed Care)							
1.0.0.66	Refer and referrals Pended for HCOE Review with status of update	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Managed Care)							
	Patient Specific Dashboard for Diabetic Disease Management	**1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0)**							
1.0.0.67	Diabetes	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Patient Specific Dashboard for Diabetic Disease Management)							
1.0.0.68	Hypertension	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Patient Specific Dashboard for Diabetic Disease Management)							
1.0.0.69	Cardiovascular Disease	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Patient Specific Dashboard for Diabetic Disease Management)							
1.0.0.70	Seizure Disorder	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Patient Specific Dashboard for Diabetic Disease Management)							
1.0.1	**Contract Medical CDF/DSAA Compliance (V.0610 1.0.1)**	**1.0 CORE - DECISION SUPPORT Dashboards (V.0610 1.0.1)**							
1.0.1.1	Provide a list of detainees that have not had their clinical interview documented in the Performance Based National Detention Standards Intake Screening within 12 Hours, Physical Exam Within 14 Days, Mid-Cell Physical submission and date) based on the book-in date/time in Ellicina	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Contract Medical CDF/DSAA Compliance (V.0600 1.0.1))							
1.0.1.2	Provide a list of facilities and the number of instances of non-compliance in Performance Based Detention Facilities	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Contract Medical CDF/DSAA Compliance (V.0600 1.0.1))							
1.0.1.3	Provide a list of facilities with missing entries of compliance data.	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Contract Medical CDF/DSAA Compliance (V.0600 1.0.1))							
	Contract Medical CDF/DSAA Compliance (V.0610 1.0.1)	**1.0 CORE - DECISION SUPPORT Dashboards (V.0610 1.0.1)**							
1.0.1.4	Alert when a grater than a specified number of detainees did not had the date/time of intake screening entered.	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Contract Medical CDF/DSAA Compliance (V.0600 1.0.1))							
1.0.1.5	Alert when a certain percent of detainees do not have a CONCUR contract medical staff	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Contract Medical CDF/DSAA Compliance (V.0600 1.0.1))							
	Contract Medical CDF/DSAA Compliance (V.0610 1.0.1)	**1.0 CORE - DECISION SUPPORT Dashboards (V.0610 1.0.1)**							
1.0.1.6	Provide a list of detainees that have not had the date of their intake screening documented	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) ()							
1.0.1.7	Provide a list of detainees that have not had a 14 day physical documented at 12 days (by facility)	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) ()							
	Contract Medical CDF/DSAA Compliance (V.0610 1.0.1)	**1.0 CORE - DECISION SUPPORT Dashboards (V.0610 1.0.1)**							
1.0.1.8	A detainee is documented in Ellicina to be housed at an ICDA Facility with Contract medical staff	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Contract Medical CDF/DSAA Compliance (V.0600 1.0.1))							
1.0.1.9	A detainee is in custody in Ellicina at an ICDA/CDF with Contract medical staff beyond 10 days	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Contract Medical CDF/DSAA Compliance (V.0600 1.0.1))							
1.0.1.10	A detainee is in custody in Ellicina at an ICDA/CDF facility with Contract medical submits a sick call slip and a disposition is defined.	1.0 CORE - DECISION SUPPORT Dashboards (V.0600 1.0.0) (Contract Medical CDF/DSAA Compliance (V.0600 1.0.1))							
1.1	**2.0 INTERFACES**	**2.0 INTERFACES**							
1.1.1	**Vitamin Integrated Database (VID), Ellicina Alien Booking Module (EABM), EDDT System, Ellicina Alien Detention Module (EADM), Ellicina Alien Remove d Module (EARM), Automated Biometric Identification System (IDENT), Bed Space, Transportation, and Detainee Location Tracking Automation (DOTBT)**	**2.1 INTERFACES 2.1 Internal Interfaces (VID, EABM, EADM, EARM)**							
1.1.1.1	Import Ellicina a direct interface is not an option on this interface, provide capability to import detainee demographic data on a periodic basis using file sending/ reporting capabilities within Ellicina. Import file fields: Last Name, First Name, Country of Citizenship, Alien Numbers, Aliases and Identifier changes to ensure the most accurate identifiers are used as that many ICE aliens experiencing a history of using previous identifiers that may be used.	2.1 INTERFACES 2.1 Internal Interfaces (VID, EABM, EADM, EARM)							
1.1.1.2	The Vital Sone shall provide the needed Detainee Demographic Information (Name, Date of Birth, Alien Number, Alternate IDs, Aliases, Country of Origin) and the picture captures in Ellicina on each detainee in the EHR for use at all points of care.	2.1 INTERFACES 2.1 Internal Interfaces (VID, EABM, EADM, EARM)							
1.1.1.3	Use the Ellicina system as the "system of record" and update appropriate Detainee Demographic Information in the EHR system in real time.	2.1 INTERFACES 2.1 Internal Interfaces (VID, EABM, EADM, EARM)							

2.1.7.4	Support exchange of information to trigger notifications within the EHR-S that a detainee has at least and requires screening.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.5	Supports the reversing of information that triggers then creation medical records when detainees are booked in at an EHR facility and has not had a medical record created manually prior to book in.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.6	Allows the EHR to send the data required by Enforce ERO for Medical Coordination Data (Medical Alerts, Holds, Special Needs, Medication, Transfer Summary Status, Intake Status, Medication Non-Compliance, Medical Appointments) from the EHR system.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.7	Triggers the EHR to create a medical record upon initial arrival at an EHR facility when none exists) and continue the existing medical record (when a record already exists).	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.8	When a detainee already has a medical record in the EHR system and arrives at a facility, update the medical record with the arrival date/time in support of medical standards and policy requirements that depend on the date of arrival date/time.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.9	Allows the review of all medical records for detainees manifested by ICE to be transferred to a facility using the EHR-S.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.10	Indicate whether there is a medical record available in the EHR-S for all detainees scheduled to arrive at the facility.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.11	Provide date and time stamp of Enforce entry at the facility and exit time to the EHR for use in developing workflow based on the exit time of the Enforce date stamp and the date/time stamp of the user entered log in hours of intake screening.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.12	Provide an alert (in EHR-S) to allow medical staff to notify ICE that there may be a need to merge multiple records for one individual into a single EHR-S an record and allows the provide to pre-approve the merging of medical information.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.13	Exchange information to allow provider to pre-approve the merge process to prevent the need for validation after the EHR-S is the pre.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.14	Provides the EHR real time notification of all planned and final outbound transfer manifests.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.15	Alerts EHR-S to notify ICE that a detainee cannot transfer (medical hold, requires escort, negative result of transfer review)	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.16	Allow visibility of detainees that are pending, and certified as requiring medical escort ID identified by a from ICE/A facility.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.17	Notify the EHR-S when that the transfer summary is authorized for transfer from the nurse.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.18	When travel medications are required, notify ICE and CO Marshal that the medications are prepared.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.19	Notify ICE when all Detainees on the same manifest have completed transfer summaries and medications are prepared.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.20	Chart all Enforce assemblies for validating the correct patient (ex. Photos, Biometrics, MEDS).	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.21	Have all identifiers (username, Alien Number, Arrivals ID, Subject ID) in Enforce are available for search in EHR.	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.22	Provide the ability to create standard messages and volume for Enforce users when there is a need for statement notification of movement, transfers or disposition. (example: 3 day lead time for all movement confirmed TB Cases).	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.7.23	Provide the ability to differentiate (bring) optic information that is manually entered and is awaiting a Facility Task (typically done by a Medical Records Technician) to validated and link to an Enforce or Sentry record	(i) ENTERFACES 2.1 Internal Interfaces (EID, EARM, EADM, EHRM)							
2.1.8	**Admin Digital Dental X-Ray system**	**(i) ENTERFACES 2.1 Internal Interfaces**							
2.1.8.1	Provide the ability for the EHR to send patient identifier information in X-ray system.	(i) ENTERFACES 2.1 Internal Interfaces (Schick Digital Dental X-Ray system)							
2.1.8.2	Provide the ability for the EHR to accept X-Ray images in the patient medical record	(i) ENTERFACES 2.1 Internal Interfaces (Schick Digital Dental X-Ray system)							
2.1.8.3	Chrome or link to each X-Ray to the medical record to support viewing of dental images taken at other sites through the review of the full medical record and prevent duplicate images.	(i) ENTERFACES 2.1 Internal Interfaces (Schick Digital Dental X-Ray system)							
2.1.8.4	Provides the EHR status on the capture/acquisition of the dental x-ray images	(i) ENTERFACES 2.1 Internal Interfaces (Schick Digital Dental X-Ray system)							
2.1.9	**Support continuity of care with existing databases**	**(i) ENTERFACES 2.1 Internal Interfaces**							
2.1.9.1	Electronic Medical Record / Treatment Authorization System – CareCoMed - Provide access to the historical data in a manner that supports a contiguous medical record. The CareCoMed system serves as the real-time tool for health record and managed care. It is relational Database designed to track detainee population, scheduling, clinical data and encounter details. Serves as legal medical record of these tracks all the activities that are the system.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.2	Scheduling - Kindred Clinicpoint Software - MedED: Provide access to the data within the MedED software to support the contiguous medical record. The MedED is software is a relational database designed to track detainee population and scheduling. It encounters, physical exams, and TB tasks. Provides reports on population statistics (including status of physical exams and TB).	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.3	Pharmacy Database - Provide access to the data currently within the Correctional Institute Pharmacy System (CIPS). The CIPS Pharmacy database is a relational database system designed for the documentation, processing, validation and dispensing of the medication orders and the related expenditures at DOH staffed beds.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.4	Operations Workload Database - Provide access to the historical workload database for ensuring encounters are collected the same manner as the data set forth in the Operational Workload Report. Current workload data within the encounter form used in keeping facility workload, staffing and trend analysis and must link to new methods of calculating workload. Historical comparisons are necessary for to compare current and historical staffing needs that may vary during mission changes.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.5	Managed Care Coordination Database - Provide access to the data in the Managed Care Coordination Database currently used to collect, organize, analyze, and report data related to managed care coordinators' case management efforts at DOH. The database allows users the ability to enter, organize, track, search, update, compile, and print HCC and DOH's daily productivity information in a variety of ways as tasks, encounters, and other activities are performed. Information collected from the United States Congress, and various non-governmental organizations. The EHR Systems must collect the activities in the same manner as the current CareCoMed allows and ensures continuity of data with that system.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.6	Mental Health Coordination Database - Provide access to data current in the Mental Health Coordination Database. The database is used to collect, organize, analyze, track, and store data related the management of detainees with mental health disorders. The detainees' placements, diagnoses, statuses, psychological assessments/evaluations, and points of contact are recorded in this database. Information/data from this database may be shared with DHS, ICE, the United States Congress, and various non-governmental organizations.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.7	Social Services Database - Provide access to the data in the Social Services Database which is used to track information about social services being provided to ICE detainees. The data within this database includes the detainees' personal information, placement, and diagnoses are tracked so DOH staff can identify at-risk detainees, monitor their progress, and provide various services. Information collected from this database may be shared with DHS, ICE, the United States Congress, and various non-governmental organizations.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.8	Hospitalization: Provide access to the hospitalization database which tracks the inpatient hospitalizations and related clinical data. The database also tracks attempted suicides, suicide observations, and hunger strikes. Interfaces with Hospitalization application. Provides reports on current and past hospitalizations and used by managed care to evaluate a patients complexity, length of stay and specialty requirements are licensed the nursing decisions.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.9	Significant Detainee Event Database - Provide the ability to historically reference all Significant Detainees as the throws in the EHR. The database is a relational database system used to track detainees with critically serious illnesses at DOI facilities intended to be populated by HCC and POAs at ICEA HQ. The detainees' personal information, placement, and diagnoses are tracked so ICEA staff can identify at-risk detainees, monitor their progress, and provide various services. Information/data from this database may be shared with DHS, ICE, the United States Congress, and various nongovernmental organizations. The database of Significant Detainee Illnesses series and must be.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.10	ICE Detainee Deaths Database - Provide access to the ICE Detainee Deaths Database is a relational database system used to store information about detainees who have died in ICE custody for purposes of disseminating detailed information to DOJ Bureau of Justice Statistics (BJS). The database contains the detainees' personal information, medical history, the location, cause of death, and points of contact. This information is shared with DHS, ICE, the United States Congress, and various non-governmental organizations. The EHR must collect all information on detainee deaths in the same and historical records must be created for each detainee death.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.11	Infectious Diseases Surveillance Database - Provide access to the data within Infectious Diseases Surveillance database which captures nationally notifiable infectious diseases, currently used by ICE detainee Infectious Diseases Case Work Lading. The database is a relational database system used to track detainees who have been diagnosed with a notifiable infectious disease, even if the disease was not captured, though not nationally notifiable due to its importance in our environment. The database allows us to analyze trends and guide infection control interventions as needed based on what the data show. The EHR system will collect the data required by this program database with enhanced workflow and support. The historical data must be available for comparative analysis of infectious diseases to continue analysis of trends for the ICEA population.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.12	Tuberculosis Surveillance and Continuity of Care monitoring database: Provide access to the Tuberculosis Surveillance and Continuity of Care Monitoring database which is used to track detainees active cases among ICE detainees including those at risk/those with and without ICDA staffing if the Epidemiology/control is notified by the local or state health department or ICEA (if the detainee is at a non-ICEA facility). Tuberculosis Surveillance and Continuity of Care Monitoring database is a relational database system used to track detainees who have been diagnosed with active TB disease and those in the Latent TB Infection Care Program, the ICEA program which facilitates international referrals and continuity of care for TB patients who are repatriated who with receiving anti-TB therapy requires continuity of care for TB in the do not interrupt or stop TB treatment. The EHR system will collect the data required by this program database with enhanced workflow and support. Historical data must be available for comparative analysis of infectious diseases to continue historical records.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.1.9.13	Mental Illness and Detainees - The Central Program Database is a relational database system designed to collect, organize, analyze, track, and store information related to dental services performed on detainees at ICDA staffed sites. This database provides statistical information regarding the volume of dental work done at each site. Information/data from this database may be shared with DHS, ICE, the United States Congress, and various non-governmental organizations.	(i) ENTERFACES 2.1 Internal Interfaces (Support continuity of data with existing databases)							

2.2.2.14	Performance Improvement - Provide access to the Performance Improvement data which tracks the ongoing initiatives within the organization to monitor key performance measures within the organization. Staff to delete record review on each reportable measure to ensure appropriate monitoring of service level practices. The EHR system will collect the data required by the program database with enhanced workflow and support. Historical data must be available for comparative analysis of infectious disease to continue historical records.	2.2.INTERFACES 2.2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.2.2.15	Aviation Medical Escort Database - Provide access to the data within the Aviation Medical Escort Database designed to collect, organize, analyze, report and store data related to detainees that require a medical escort during transfer or deportation. The detainee's personal information, placement and destination are recorded as well as who is escorting them and what, if any, procedures were taken during the flight. Information is used to track medical escorts, flights, and costs. The EHR system will collect the data required by the program database with enhanced workflow and support. Historical data must be available for comparative analysis of infectious disease to continue historical records.	2.2.INTERFACES 2.2.1 Internal Interfaces (Support continuity of data with existing databases)							
2.3	**External Interfaces**	**2.3 External Interfaces**							
2.3.1	**Bureau of Prisons Custody System (Sentry) - External to ICE Network**	**2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)**							
2.3.1.1	The interface EHR system shall receive Detainee Demographic and a photo of the detainee in real time from Sentry when a detainee is booked into a facility that requires an ICE medical staff to deliver care to ICE detained detainees.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.2	Provide the ability to link BOP and ID/Arrest identifiers to ensure a contiguous medical record is maintained.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.3	Upon arrival, trigger the creation of a new medical record if the detainee does not have a medical record created, in the EHR or update the date/time of arrival in the existing medical for any detainee booked into an ICE facility where ICE medical staff provide medical services.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.4	Update the medical record with the date/time of arrival indicated in Sentry.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.5	Update the EHR when demographic information from the Sentry system changes.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.6	When a merge of two records occur in Sentry, merge the medical records. Ensuring the validation process (not a way the validation in the entire or databases, is engaged to allow an appropriate user to validate that the merged medical records are the same person prior to executing the merge.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.7	Provide adequate data to prompt for validation of the merge process if there is medical information documented in the two records being merged.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.8	Support the workflows of the EHR system by notifying the EHR users that a detainee has an intel and resumes screening.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.9	Transfer Medical Alerts from EHR system to Sentry for I.D Wristmat (USM) staff to receive medical alerts on detainees in custody.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.10	Transfer Medical Holds to Sentry to ensure the USM Staff to receive notification of a medical hold.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.11	Transfer Special Needs (Equipment, Lower Bunk, etc.) to Sentry to Sentry so USM staff receive information of a medical hold.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.12	Accept notification to transfer detainee from Sentry. IBH trigger nurse to complete transfer summary and prepare medications.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.1.13	Notify the world's user that the transfer summary and medications are prepared.	2.3 External Interfaces (Bureau of Prisons Custody System (Sentry) - External to ICE Network)							
2.3.2	**Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network**	**2.3 External Interfaces**							
2.3.2.1	Provide the ability to send a unique patient identifier and other required demographic (name, date of birth, home of record, age, sex) to the Tele Radiology system (current) on a separate network, in observance of privacy and protected information guidelines, to trigger the workflow of the EHR to capture the X-Ray.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.2	Transmit detainee demographics from the EHR to or Sentry's systems upon arrival at a facility with Tele Radiology and designation that a Chest X-Ray is required.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.3	Accept X-Ray Read Results from Tele Radiology system (separate vendor owned network) in real time in the EHR.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.4	Accept X-Ray Over-read results that will trigger notification to providers that a result has changed.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.5	Provide the ability to access the X-Ray image stored within the tele-radiology vendor's Picture Archiving and Control System (PACS).	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.6	Provide access to X-rays after 4 hours through a DICOM standards compliant viewer and screen.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.7	Support the notification of the EHR users when X-Ray results have arrived.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.8	Support the acceptance of visit-ine that a rotate is required.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.9	Provide a notice of all X-Ray activities at each tele-radiology option went, images captured, image transmitted, results received, visits resumed, with Tele-Radiology system as appropriate resources can be assigned and visibles can be tracked, documented and reported.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.10	Provide all historical results of all X-Rays across the ICE detained population within the EHR to prevent users from requiring X-Rays for TB clearance when the detainee moves locations.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.11	Provide the ability to reconcile the number of X-rays taken, transmitted and results received validate the Tele-Radiology invoice	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.12	Provide automation validation processes between the clinic module and the tele-radiology system (external) to validate the number of X-rays taken at each site from a central report to eliminate the need for sites to review and file X-rays for billing purposes.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.2.13	Identify the individual capturing the X-Ray image for use in quality assurance and other user control processes.	2.3 External Interfaces (Tele Radiology System - Diversifiedcustomer Tele Radiology Service - Separate, Dedicated Tele Health Network)							
2.3.3	**Lab Interface - Primary(Currently LabCorp) -Laboratory Ordering and Results (External to ICE Network)**	**2.3 External Interfaces**							
2.3.3.1	Provide an updated list of available labs for ordering through the EHR system.	2.3 External Interfaces (Lab Interface - Primary (Currently LabCorp) -Laboratory Ordering and Results (External to ICE Network))							
2.3.3.2	Provide the ability to link the available labs to link to the master lab list in the EHR.	2.3 External Interfaces (Lab Interface - Primary (Currently LabCorp) -Laboratory Ordering and Results (External to ICE Network))							
2.3.3.3	Provide the ability to print labels in the EHR that meet the specification of the lab to be placed on the lab specimens.	2.3 External Interfaces (Lab Interface - Primary (Currently LabCorp) -Laboratory Ordering and Results (External to ICE Network))							
2.3.3.4	Provide the ability to accept the lab results from the contract laboratory with standard interface (HL7 or HTTP compliant) to ensure results are in a format that can be used in reporting, analysis and workflow.	2.3 External Interfaces (Lab Interface - Primary (Currently LabCorp) -Laboratory Ordering and Results (External to ICE Network))							
2.3.3.5	Accept notices when LabCorp is in receipt of each specimen.	2.3 External Interfaces (Lab Interface - Primary (Currently LabCorp) -Laboratory Ordering and Results (External to ICE Network))							
2.3.4	**Mail Order Pharmacy**	**2.3 External Interfaces**							
2.3.4.1	Provide the electronic transmission of orders from the EHR to Mail Order Pharmacy.	2.3 External Interfaces (Mail Order Pharmacy)							
2.3.4.2	Provide the ability for the EHR to send all required information including patient demographics (name, patient ID, DOB/Age), diagnoses, drug, strength, regimen, route, and allergies required for a mail order pharmacy to edit.	2.3 External Interfaces (Mail Order Pharmacy)							
2.3.4.3	Provide the ability to transmit orders from the EHR system to the Mail Order Pharmacy orders and record the orders in the comprehensive medication history of the detainee.	2.3 External Interfaces (Mail Order Pharmacy)							
2.3.4.4	Provide the ability for the EHR to receive the Mail Order Pharmacy Order confirmation messages on each order when the order is accepted, filled and shipped.	2.3 External Interfaces (Mail Order Pharmacy)							
2.3.4.5	Provide the required data to allow any EHR user to receive the mail order prescription and place into the PIC Line administration or the POP medication issuance process.	2.3 External Interfaces (Mail Order Pharmacy)							
2.3.4.6	Provide adequate data to support the reconciliation of differences in the ordered and actual medications used to fulfill the order. (examples: e-mail order pharmacy fills an order for 10mg lisinopril daily/BI 2 x 5mg lisinopril daily)	2.3 External Interfaces (Mail Order Pharmacy)							
2.3.4.7	Apply for-notice management and restrictions to mail order pharmacy orders.	2.3 External Interfaces (Mail Order Pharmacy)							
2.3.5	**Intergovernmental Services Agreement Detention Systems (State, County City Jails) and Contract Detention Facility/Detention Systems.**	**2.3 External Interfaces**							
2.3.5.1	Provide the ability for the EHR system to import detainee housing information using standard interface that can be accepted from Contract, State, County, and City jail detention systems.	2.3 External Interfaces (Intergovernmental Services Agreement Detention Systems (State, County City Jails) and Contract Detention Facility/Detention Systems;)							
2.3.5.2	Provide the ability for the EHR to export required medical information to detention staff (examples: clinic schedule, special needs) through a secure method.	2.3 External Interfaces (Intergovernmental Services Agreement Detention Systems (State, County City Jails) and Contract Detention Facility/Detention Systems;)							
2.3.5.3	Provide the ability track the history of all housing assignments that an individual had during the detention stay at all facilities.	2.3 External Interfaces (Intergovernmental Services Agreement Detention Systems (State, County City Jails) and Contract Detention Facility/Detention Systems;)							
2.3.5.4	Provide the ability to manually enter the detainee housing and bed assignments for use in supporting various processes within the EHR specifically housed.	2.3 External Interfaces (Intergovernmental Services Agreement Detention Systems (State, County City Jails) and Contract Detention Facility/Detention Systems;)							
2.3.5.5	Provide a standardized format and specifications for an export of the best information that can be used by detention systems to export through an offline/simple means the most-rich information that can be scanned and electronically imported into the EHR to the housing/bed assignments in the systems to support various processes that require accurate data information (PIV Line, Sick Call).	2.3 External Interfaces (Intergovernmental Services Agreement Detention Systems (State, County City Jails) and Contract Detention Facility/Detention Systems;)							
2.3.6	**OGA Claims System - Please (Housed on Veteran's Affairs Network)**	**2.3 External Interfaces**							
2.3.6.1	Send data for all off-site referrals approved by local authorities in compliance with the current data format for VA Fee or Auto, TX for use in payment of electronic bills within 5 days of disposition of each request.	2.3 External Interfaces (OGA Claims System - Please (Housed on Veteran's Affairs Network))							
2.3.6.2	Provide the capability to transfer (outbound) referral review and approval data for use in the payment of claims from providers.	2.3 External Interfaces (OGA Claims System - Please (Housed on Veteran's Affairs Network))							
2.3.6.3	Supports the capability to develop reports across the EHR data, claims payment (VA Please) data and custody data (ERO, Sentry).	2.3 External Interfaces (OGA Claims System - Please (Housed on Veteran's Affairs Network))							
2.3.6.4	Provide the ability to transfer from the claims system to the EHR (inbound) the PWS system including orders dated and billing status of each referral.	2.3 External Interfaces (OGA Claims System - Please (Housed on Veteran's Affairs Network))							
2.3.6.5	Provide the ability to obtain the medical record from each PWS submitted (if posted to the Medical Payment Authorization Request System (MEDPAREQ or Please systems.	2.3 External Interfaces (OGA Claims System - Please (Housed on Veteran's Affairs Network))							
2.3.7	**Pharmacy Prime Vendor**	**2.3 External Interfaces**							
2.3.7.1	Provide the ability to order medication from the designated distributor from the Department of Veteran's Affairs Prime Vendor of Pharmaceuticals Contract to fulfill orders to stock-local VDDI pharmacies.	2.3 External Interfaces (Pharmacy Prime Vendor)							
2.3.7.2	Have the EHR system to provide the Pharmacy Prime Vendor system the projected usage of a particular product based on historical and more recent demand to trigger an increase in stock levels at the Pharmacy Prime Vendor. Pharmacy system automatically by medication by strength, by dosage unit (i.e. when 100 tablets of lisinopril 20mg received from wholesaler, inventory in Pharmacy system shows increase).	2.3 External Interfaces (Pharmacy Prime Vendor)							
2.3.7.3	Provide the ability to download invoices and validate (reconciliation) through a comparison with Site Pharmacy system inventory records.	2.3 External Interfaces (Pharmacy Prime Vendor)							
2.3.7.4	Provide the ability to track each dose and lot number receive from manufacturer to each patient (POP or PIV Line).	2.3 External Interfaces (Pharmacy Prime Vendor)							
2.3.7.5	Provide the ability to accept for automatically pended orders from the Pharmacy module of the EHR when a product falls below Par level.	2.3 External Interfaces (Pharmacy Prime Vendor)							
2.3.7.6	Provide the ability to track orders that record individual dose tracking / checks and outputs, based on management requirements of Drug Enforcement Agency (DEA) Scheduled/Controlled Substances.	2.3 External Interfaces (Pharmacy Prime Vendor)							
2.3.7.7	Provide the ability to electronically verify time, date and initials of receipt of Drug Enforcement Agency (DEA) Scheduled/Controlled Substances from Prime Vendor.	2.3 External Interfaces (Pharmacy Prime Vendor)							
2.3.8	**Tele Health System - Separate, Dedicated Tele Health Network**	**2.3 External Interfaces**							
2.3.8.1	Provide the ability for the EHR to post a request for a tele-health specialty.	2.3 External Interfaces (Tele Health System - Separate, Dedicated Tele Health Network)							
2.3.8.2	Provide a confirmation that the tele-health appointment has been scheduled.	2.3 External Interfaces (Tele Health System - Separate, Dedicated Tele Health Network)							
2.3.8.3	Allow EHR users to send a notice from the facility that a tele-health appointment must be rescheduled.	2.3 External Interfaces (Tele Health System - Separate, Dedicated Tele Health Network)							
2.3.8.4	Provide the ability for Tele-Health Network providers to view the Electronic Health Record for an individual detainee as a part of a tele-health encounter. NOTE: Many are not on the ICE network and are not cleared by ICE Security Processes.	2.3 External Interfaces (Tele Health System - Separate, Dedicated Tele Health Network)							
2.3.8.5	Provide the ability for Tele-Health providers enter the medical information (diagnosis, procedures, progress notes, orders) into the EHR system that will automatically post to the medical record and trigger workflow within the system.	2.3 External Interfaces (Tele Health System - Separate, Dedicated Tele Health Network)							
2.3.8.6	Leverage the interoperability of medical records to accept medical information into the EHR from a provider. Provide adequate exchange of information to trigger workflow in the EHR system with the (Layered Architecture, U.S. Tele-Health)	2.3 External Interfaces (Tele Health System - Separate, Dedicated Tele Health Network)							
2.3.8.7	Provide the ability to alert staff when medical information cannot be posted to directly into the medical record to appropriately trigger workflow to follow up and obtain the medical record from the specialty appointment through another method.	2.3 External Interfaces (Tele Health System - Separate, Dedicated Tele Health Network)							

2.2.8.4	Provide the EHR a live and status each Tele-Health appointment as the Tele-health appointments are accounted for and are monitored	2.2 External Interfaces (Tele-Health System - Separate, Dedicated Tele-Health Network)							
2.2.8.5	Support the confirmation of the appointment an a provider schedule with the appropriate assignment of the tele-health room as a resource with the same appointment (to prevent scheduling conflicts with tele-health appointments)	2.2 External Interfaces (Tele-Health System - Separate, Dedicated Tele-Health Network)							
2.2.8.10	Provide the EHR were a notice of each tele-health appointment request and its status approved, pending, scheduling, unseeks, booked, changed or cancelled.	2.2 External Interfaces (Tele-Health System - Separate, Dedicated Tele-Health Network)							
2.2.8.11	Ability to capture, download and print images and exams available through secure messaging or other modalities of tele-health (examples - dermatological photographic images, echocardiograms and results, vital signins, stethoscope, ultrasounds) in the patient's medical record when captured by the Tele-health system for reference by local providers.	2.2 External Interfaces (Tele-Health System - Separate, Dedicated Tele-Health Network)							
2.2.8.12	Ensure performance of the system is not impacted by download of images and measurements.	2.2 External Interfaces (Tele-Health System - Separate, Dedicated Tele-Health Network)							
2.2.8.13	Ability to continue use of the system while downloads in progress.	2.2 External Interfaces (Tele-Health System - Separate, Dedicated Tele-Health Network)							
2.3	**Provide access to medical records from the Bureau of Prison's System**	**2.3 External Interfaces**							
2.3.1	Provide inter-operability with the Bureau of Prison's (BOP) or private ICE, and BOP medical staff access to healthcare records of individuals that transfer between ICE and US Marshall custody.	2.3 External Interfaces (Provide access to medical records from the Bureau of Prison's System)							
2.3.2.2	Provide comprehensive mapping of data in the BOP EHR to allow full exchange of medical records while preserving the data quality of the fields to support comprehensive decision steps with the patient regardless the number of times the detainee transfers.	2.3 External Interfaces (Provide access to medical records from the Bureau of Prison's System)							
2.3.3.3	Identify in the EHR system any detainees that have healthcare records in the BOP system for their consideration.	2.3 External Interfaces (Provide access to medical records from the Bureau of Prison's System)							
2.3.3.4	Allow user to review the BOP health record of those in custody.	2.3 External Interfaces (Provide access to medical records from the Bureau of Prison's System)							
2.2.10	**Access to Medical Information outside the ICE EHR System**	**2.2 External Interfaces**							
2.2.10.1	Support electronic Health Information Exchange and Access to Medical Records through the Nationwide Health Information Network (NHIN) or other Health Information Exchange standards to maximize the availability of medical records to the board, accessed and used during a provider encounter with a patient.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.2	Maintains medical information in format that is compliant with interoperability standards developed by ONC-HIT	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.3	Provide the ability to access medical records from ERI (emergency Rooms, Health systems where detainees may have been a beneficiary, jails, city, county, state, local) where the detainee were a previous housed and other healthcare organizations using the NHIN.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.4	Provide capability of accepting full medical records from IGAAs and CDPs for use by ICDA staff	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.5	Provide the opportunity for EHR users to search the NHIN for available medical records in the private healthcare organizations.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.6	Provide an indicator of the EHR when additional medical information is available for review by EHR System user that may have been downloaded	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.7	Provide the ability and successful use the CONNECT® Aventura open-source software solution or other Health Information Exchange to support exchange with IGAAs/CDFs with EHRs where it is effective to securely host and refresh every submit medical information to be stored within the ICE medical record repository for access through the EHR system	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.8	Provide the ability to connect (if fully built) an electronic health record system (if Federal partners) when the use of the CONNECT® software solution provided by the FHA.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.9	Provide a system that uses the CONNECT® software solution as an alternative to a direct exchange of its medical records for Bureau of Prison (BOP) facilities to support continuity for many transfers from ICE to BOP custody.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.10	Provide the ability to incorporate external medical records (obtained through CONNECT® or a direct connection) such that the data can be incorporated into current medical record and pertinent values can be graphed, analyzed and incorporated into existing clinical processes.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.11	Provide a list of medical records that have been received and not been linked to an Enforce record and provide capability to link each medical record not automatically linked.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.12	Provide the ability to provide access to medical records for detainees that return to their country of origin.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.13	Provide an interface with the EHR and the data repository to allows support the tracking of all requests for release of medical records and support if/upon a review of the medical record before release.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.14	Provide capability to support transfer of full medical records information to and from organizations as technology capability needs and an appropriate agreement in place with ICE.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
2.2.10.15	Provide a method for ICE to provide the services for and translate enter of information into the web version of the EHR or comply with a standard interface and data exchange process to users medical data on all ICE detainees.	2.2 External Interfaces (Access to Medical Information outside the ICE EHR System)							
3.0	**3.0 SERVICE MODULES**	**3.0 SERVICE MODULES**							
3.1	**Case Management Support and Advanced Managed Care Support (Reference M BS 3.1)**	**3.0 SERVICE MODULES**							
3.1.1	Provide case management support allowing providers to store relation document view notes that are not part of the official medical record to support the processes of Managed Care, Mental Health Managed Care, Availability of Healthcare, Forensic Psychological evaluations, Pre-Order Custody Reviews	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1)							
3.1.2	Provide the ability to insert provisional diagnoses to the real time problem list in the Clinic Support Module for diagnoses that are reported from off-site medical organizations where a detainee receives services such that the diagnoses are available in the medical record.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1)							
3.1.3	Provide that ability for users to document case management related notes and define the date for the next follow-up or status or record my follow up.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1)							
3.1.4	Provide that ability for users to view all pending follow ups needing review to support accountability and workload sharing between staff of all follow ups and timely completion of each follow up.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1)							
3.1.5	Provide the ability for individuals to monitor all required case management follow ups in their specific program (Managed Care, Mental Health, Availability of Healthcare, Forensic Psychological evaluation, Pre-Order Custody Reviews) without including the notes in the official medical record.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1)							
3.1.6	Provide the ability to discontinue the case management process at any each review to discontinue prompting for follow up prompting for values to categorize the outcome of the cases (treatment complete, goals achieved, returned to custody, removed from program, out of custody) and ensure appropriate closure of billing and case management.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1)							
3.1.7	Provide the ability to prompt or suppress if a case is initiated without the initial 3 (or user-specific authorities) role (for management of care) codes	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1)							
3.1.8	If a detainee's case is opened (for Managed Care (Mental Health, Dental, etc.), allow each case management role to be linked to the Treatment Authorization Request (TAR) and the patient medical record but not included in the official medical record.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1)							
3.1.9	For Mental Health Services, allow either by Program Coordinators with ICE to include and remove detainees from the program and limit to the decision support (i.e.alerts, alerts, workflow) of the programs to ensure per documented of beds to be completed per the ICE program managers.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1)							
3.1.10	**Referral Submissions**	**3.0 SERVICE MODULES**							
3.1.10	Support provider requests for referrals to other departments within the IGSA site (mental health, dental, etc.) directly from EHR system users as a part of order entry.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1) Referral Submissions)							
3.1.11	Support provider request for referrals off site (Specialty Emergency Care, etc.) and appropriate routing to Manager Care Coordinators for review, approval as a part of order entry.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1) Referral Submissions)							
3.1.12	Provide a way to differentiate urgent referrals from non-urgent referrals and directed by the provider	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1) Referral Submissions)							
3.1.13	Provide the ability for facilities with contract medical staff (IGSAs, CDFs, Others) housing ICE detainees to submit referrals or PWR for review by ICE/DOA medical staff.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1) Referral Submissions)							
3.1.14	Provide the ability to submit PWRs for off-site medical services for IGSA external sites that do not have access to the ICE network and have interacted with detainees outside of IGSA custody	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1) Referral Submissions)							
3.1.15	Provide ability to add new users to the web access to submit PWRs	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1) Referral Submissions)							
3.1.16	Support web user profile that record contact and organizational information on each user so Managed Care coordinators can contact the submitter	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1) Referral Submissions)							
3.1.17	Provide the ability to allow users to be categorized by location to ensure visibility of all PWRs submitted by the facility.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1) Referral Submissions)							
3.1.18	Notify users with an email when a determination is made on any PWRs.	3.0 SERVICE MODULES (Case Management Support and Advanced Managed Care Support (Reference MBS 3.1) Referral Submissions)							
3.2	**Graphical Dental Charting or Dental Software (Reference M BS 3.2)**	**3.0 SERVICE MODULES**							
3.2.1	Provides graphical dental charting allowing documentation on a graphical representation the mouth including upper, lower, right quadrant, left quadrant, arch and 3D modeling views	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.2	Graphical dental charting that allow the provider to denote pathology, restorations and periodontal findings on the graphical depiction of the mouth.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.3	Imverse graphical dental charting and all additional capability integrates all information into the Electronic Health Record to ensure complete continuity of a full medical record at any time.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.4	Provides graphical dental charting that supports the ability to support electronic documentation on a pediatric depiction of the mouth.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.5	Provides graphical dental charting that allows electronic charting of pediatric and mixed dentitions.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.6	Provides graphical dental charting that allow provider to record notes on a specific tooth.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.7	Provides graphical dental charting that allows the provider to chart multiple procedures to a specific tooth	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.8	Provides the ability to view a quadrant of teeth for more detailed view of the target area to be documented.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.9	Provides the ability to document the relationship between teeth as it relates to contact of the various teeth.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.10	Provides graphical dental charting that displays all documented items graphically on the Chart and adds the text of the action document to the patient's medical record.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.11	Provides graphical dental charting that allows the viewing of images, historical procedures and treatment completed by clicking on tooth or a series of teeth.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.12	Provide graphical dental charting that allow providers to continue adding annotations on the graphical dental chart and allow modification of previous dental history solely it solving all modifications	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.13	Points to the graphical dental depiction of the mouth all future treatment documented in the dental treatment plan.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.14	Provides graphical dental charting that allows providers to attach images such as digital pictures to the graphical dental chart and accessible to all providers in the medical record and accessible by appropriate staff of all sites.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.15	Provide graphical dental charting that supports the ability to record still photo and full motion video and attach to the graphical dental chart for reference and comparative analysis and accessible by appropriate staff of all sites.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.16	Provide the ability to attach a digital photo or DICOM compliant x-ray captured by another device/system to a patient record as a DICOM file and accessible by appropriate staff at all sites.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.17	For the photos posted to the graphical dental chart, provide the ability to view image thumbnails and click-image to enlarge	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.18	Provide graphical dental charting that supports periodontal dental charting.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.19	For the graphical dental chart, assign tooth numbers to each images and post to the graphical dental chart with standard dental numbering of teeth for both adult and primary dentitions.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.20	Provide the ability to open an x-ray, thumbnails and images by clicking a tooth in the graphical viewer.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.21	Provide the ability to track compliance with the completion of all new dental requirements (as required in standards in the core modules) to monitor completion of encounters responding to dental sick call, responses to positive indications of dental problems during intake screening or encounters, whether an individual in custody longer than a specified amount of time (examples: dental exam no later than 1 year) has received their annual dental exam and the fact that a dental treatment plan developed for each detainee.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.22	Provide ability to complete a dentist history form allowing a dental technician, hygienist or dentist to save a specific set of questions and collect the responses. Dental History forms and customized dental treatment plans to be electronically signed by the patient, the provider and a witness at the time of the issues.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.23	Integration (or of the existing scheduling system) process such that appropriate coverage of all clinic schedules and clinic-off requests are in place through the next-to-next scheduler (year, availability of last information and modification to Security for appointments includes dental and medical.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.24	Supports the development of Dental Treatment Plans including, ease of several standard ticket plans that can be modified/duplicated capability by Dentist to customize each plan for the patient.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.25	Supports electronically signatures with provider and witness signatures to consent for treatment plans after presentation by the dental provider.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.26	Uses most current Dental CDT (ADA) Codes and updates when new code versions are released without impacting historical data.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.27	Re-able to quickly enter commonly used medications (see order entry section of EHR) using standardized order set templates that are exists in both the Pharmacy and EHR systems.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.28	Provides standardized and customizable order set templates for dental progress notes.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.29	Provide the ability to mark the area of all X-rays for identification of the site for surgical or other dental procedure.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.2.30	Provide the ability to obtain validation of the location of the dental work to be complete to meet "time out requirement" prior to major dental surgeries.	3.0 SERVICE MODULES (Graphical Dental Charting or Dental Software (Reference MBS 3.2)							
3.3	**Statistical Analytics and Decision Support Development (Reference M BS 3.3)**	**3.0 SERVICE MODULES**							
3.3.1	Ensure compliance with data structure standards such that all data fields can be selected, exported and analyzed through various statistical applications software (Examples: Statistical Analytic Software - SAS Promotics, Structured Query Language-SQL, MySQL, Oracle, Geographic Information System-ArcGIS Geospatial Analytics, etc.)	3.0 SERVICE MODULES (Statistical Analytics and Decision Support Development (Reference MBS 3.3)							
3.3.2	Ensures all data fields are categorized and generated according (discrete or continuous data fields) so that queries and analyses can be performed appropriately to meet organizational standards and support background data driven decisions.	3.0 SERVICE MODULES (Statistical Analytics and Decision Support Development (Reference MBS 3.3)							
3.3.3	Provide the capability of analyzing data quality across the entire enterprise data structure to define and facilitate mass/ad modifications to the system inputs.	3.0 SERVICE MODULES (Statistical Analytics and Decision Support Development (Reference MBS 3.3)							
3.3.4	Provide the history of all reports generated throughout the system to document and assess the historical applications and utilization of medical information/data.	3.0 SERVICE MODULES (Statistical Analytics and Decision Support Development (Reference MBS 3.3)							
3.3.5	Provide capacity for importing/exporting data, programming/writing data, and data mining.	3.0 SERVICE MODULES (Statistical Analytics and Decision Support Development (Reference MBS 3.3)							
3.3.6	Provide statistical inputs, reviews, and assessments on system performance as well as the efficiency of health data/info collection processes.	3.0 SERVICE MODULES (Statistical Analytics and Decision Support Development (Reference MBS 3.3)							
3.3.7	Provide the history of all reports generated throughout the system to assess the historical and application of medical information.	3.0 SERVICE MODULES (Statistical Analytics and Decision Support Development (Reference MBS 3.3)							
3.4	**Epidemiology (Reference M BS 3.4)**	**3.0 SERVICE MODULES**							
3.4.1	Provide the ability to add patients to various Infectious Disease Surveillance Groups where patients can be included or excluded in multiple groups based on criteria and manual entry.	3.0 SERVICE MODULES (Epidemiology (Reference MBS 3.4))							
3.4.2	Provide the ability to track the history of inclusion in the group for user in decision support (clinical decision support, alerts, workflow, queries and reports) that will remains associated with the patient even if they no longer meet the criteria or are manually removed from the group.	3.0 SERVICE MODULES (Epidemiology (Reference MBS 3.4))							
3.4.3	Provide the ability to track when (date/time) an individual was placed in a surveillance group and subsequently removed.	3.0 SERVICE MODULES (Epidemiology (Reference MBS 3.4))							
3.4.4	Provide the ability to differentiate monitoring tools, - ruled out and resolved when a detainee is removed from a specific group.	3.0 SERVICE MODULES (Epidemiology (Reference MBS 3.4))							
3.4.5	Provide the ability create business rules where an individual is added to the group without user interaction when criteria are met (examples: specific diagnoses, initiation of specific treatment)	3.0 SERVICE MODULES (Epidemiology (Reference MBS 3.4))							

A54	Provide the ability to update the tag group status manually(Yes/No) staff with the ability to identify instances when the individual was erroneously placed in the group or misdiagnosed.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A55	Provide the ability to prompt the provider to decide whether a diabetes should be removed from one or more groups when a diagnosis established in the group business rules is documented as resolved.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A56	Provide the ability to re-use fields already collected in the EHR to data fields required for each tag group to prevent the duplicate entry of data and the existing of multiple fields for the same data exemplars. Blood Pressure, Systolic/Diastolic should not be re-enaged fields in the medical database.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A57	Provide the ability to identify data fields that are required for each group and not in the existing database that will trigger workflow to collect the required information when a diabetes is added to the group.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A58	For the opted-retail TB beneficiaries (TB) Continuity of Care Group, the system should add a TB Out-whatsoever group when TB treatment is initiated without user intervention.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A59	Provide the ability to differentiate diabetes added to the TB that "resolved" from those that are "ruled-out"	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A60	Allow local facilities to add additional groups for locally reportable diseases per Clinical Director's preference.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A61	For patients being monitored, provide the ability to identify all patients that require data fields per local facility management module.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A62	Ensure all fields in the EHR are discrete data for use in evaluating all potential factors associated with diabetes added to a specific group.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A63	Ensure the data structure is designed for analysis at the level of the individual patient to prevent all queries from double-counting individuals that are currently or historically part of a group.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A64	Provides the ability to analyze all diabetes with a specified health condition that counts only one patient regardless of number of encounters and regardless of number of facilities they transfer to in support of a single, contiguous medical record for each diabetes.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A65	Provide the ability to track/list (analyze) patients with a health condition, not just encounters (e.g. a patient who has AIDS should not be counted as five separate cases if he transfers to five different facilities); analysis and reporting should be able to reflect cases, not just encounters (# of people with a given condition in a specified condition).	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A66	Provide information on detainee with historical medical alerts hooks and medical alerts. INFECTIOUS DISEASE HISTORY AVAILABLE IN EMPOWER (e.g., alert if a patient threat to have contagious TB who has not received treatment returns to custody)	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A67	Provide the ability to monitor compliance with TB and other infectious diseases protocols throughout the system of all facilities.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A68	Provide the ability to document whether a TB travel and go-see was made.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A69	Provide the ability to identify which patients are on a stay-of-removal in the medical hold.	(c) SERVICE MODULES (Epidemiology) (Reference ABB 5.6);							
A5	**Mental Health Advanced Functions (Reference M BSS 5.5)**	**(c) SERVICE MODULES**							
A51	Provide support of voice recognition software for use in developing mental health progress notes in prong-spit format.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A52	Provide enhanced capability of use of AHS beats I V in progress notes through voice recognition.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A53	Supports Mental Health services including but not limited to Mental Health Intake, 10 Day Mental Health Physical, Psychological Assessments	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A54	Usable at-a-glance to designate mental status (orientation, speech, eye contact, mood, affect) for questions posed during mental health encounters.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A55	Support scheduling of mental health groups (detention, drug addiction, suicidal ideation) to allow scheduling of several participants of each group. Provide the ability to establish a mental health groups and add/ cancel of detainees to the group meeting, to prompt for appropriate coordination of transport to the location of the mental health group at the scheduled time.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A56	Allows documentation of service sub-encounter types specifically applicable to mental health.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A57	Supports mental health specific clinical decision support for triggering appropriate follow-up care services based on specific mental health assessment techniques for both mental health and clinic staff including workflow to support Chronic Mental Health, Brief Assessments, Crisis Intervention, Psychoeducation, and Support Therapy.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A58	Provides customized workflow supporting Psychiatry and Contract Services to include Initial Psychiatric Evaluation, Psychiatric Follow-Up, Mental Health Hospital Admission, and Post Hospitalization Follow-ups.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A59	For facilities with dedicated Mental Health Units or Mental Health Segregation Units, provide the following mental health reviews: Special Housing Unit (SHU) rotate, Special Housing, Follow-up, Administrative Segregation Admit, Administrative Segregation Follow-Up.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A60	Provides comprehensive suicide management and prevention tools including but not limited to A Suicide Risk Assessment, Suicide Attempt, Suicide Gestures, At-A Suicide Watches, At-risk Days as Suicide Watch, Suicide Watch EC, Suicide Watch PC, include both mental health and non-mental health staff.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A61	Provides 1st access to the complete medical record for mental health providers to review all medical conditions to determine whether they may be contributing to a mental health condition.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A62	Incorporates all mental health progress note documentation into the comprehensive individual detainee medical record.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A63	Provides the ability to prompt each of all mental health treatment and consistent mental health workflow actions based on mental health decision support tools and based on algorithms, based clinical, mental health standards based on information entered during mental health or medical intake screening.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A64	Supports progress notes in the format of Subjective, Objective, Assessment and Plan (SOAP).	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A65	Provide ability to include or exclude rules-defined in subscription mental health decision support tools based on the user's right authority.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A66	Provide the ability to create mental health Facility Activities - Tasks to be completed by mental health support in support of treatment plans. Ensure mental health providers have the ability to review and complete each task.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A67	Provide the ability to include mental health tasks in the same queue as the clinical nursing tasks and triage clinical nurses can complete when clinic nurses are covering for mental health staff for Special Housing Unit patients. Nurses should be able to include or exclude these items based on the availability of mental health staff to complete these tasks.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A68	Support the development mental health of order set templates for mental health intakes to expedite the completion of encounters and clinically.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A69	Provide out-set templates for mental health process to support suicidal ideation.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A70	Ensure support of all Order Entry capability as indicated in 1.1 Core Modules - Clinic Support.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A71	Provide access to mental health education and counseling materials for printing -or demand for patients.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A72	Provide standardized and customizable templates for each of the 4 sections of the progress note in SOAP format based on mental health intake, mental status, and diagnoses.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A73	Provide the ability to complete a Suicide Risk Assessment using the HELPER standard that automatically calculates the values associated with the HELPER programs.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A74	Provide the ability to create a comprehensive mental health care plan including future appointments, medications, group participation and other activities at the discretion of the provider allowing electronic signature from the detainee with a witness.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A75	Provide the ability to create a comprehensive mental health care plan including future appointments, medications, group participation and other activities at the discretion of the provider allowing electronic signature from the detainee with a witness.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A76	Provide the ability for voice recognition software to transition between drop-down fields and free text with drop down selection at the without compromising integrity of the note content or the flow B voice recognition use.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A77	Provide a solution that meets the criteria for certification Behavioral Health (not part of functional requirements) as set forth by ONC-s of the National Coordinator certification criteria.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A78	Provide enhanced EHR-V tool in evaluation Notes with ability to auto-populate relevant lists fr medical issues already recorded in eHR.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A79	Provide the ability to support mental health protocols, order set templates and guidelines where criteria can be defined to force the use of this specific item.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A80	Provide the ability to select a differential diagnosis to be given based on signs and symptoms documented in chart	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A81	Provide the ability to incorporate evidence-based algorithmic mental health decision support content where entries from medical record and mental health data collection tools (screenings, medical encounters, mental health encounters) to make research-based recommendations for mental health care.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A82	Provide the ability to establish and track mental health treatment goals and objectives.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A83	Provide the ability to document the mental health treatment plan, including the patient's response to treatment.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A84	Provide the ability to document the patient's mental status.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A85	Provide the ability to document the patient's mental status.	(c) SERVICE MODULES (Mental Health Advanced Functions (Reference ABB 5.5);							
A6	**Mental Health Services (Reference M BSS 5.6)**	**(c) SERVICE MODULES**							
A86	Provide the ability to track mental health appointments for specialties available.	(c) SERVICE MODULES (Mental Health Services (Reference ABB 5.6);							
A87	Provide the ability to notify any provider with that specialty and access list the Telemedicine system to accept the appointment slots their schedule.	(c) SERVICE MODULES (Mental Health Services (Reference ABB 5.6);							
A88	Provide the ability for an individual to setup Telemedicine appointments using a centralized, shared schedule.	(c) SERVICE MODULES (Mental Health Services (Reference ABB 5.6);							
A89	Provide the ability to incorporate into local schedules for providers that are EHR users.	(c) SERVICE MODULES (Mental Health Services (Reference ABB 5.6);							
A90	Ability to allow remote entry into the medical record to support encounters with Telemedicine systems	(c) SERVICE MODULES (Mental Health Services (Reference ABB 5.6);							
A7	**Special Operations (Reference M BSS 5.7)**	**(c) SERVICE MODULES**							
A91	Provide a list of detainees that have been recommended (through the medical alert process) as a detainee that requires a medical escort.	(c) SERVICE MODULES (Special Operations (Reference ABB 5.7);							
A92	Provide a list of detainees that have been designated for transfer by ICE that require a medical escort.	(c) SERVICE MODULES (Special Operations (Reference ABB 5.7);							
A93	Provide the ability to assign medical escort's team requests	(c) SERVICE MODULES (Special Operations (Reference ABB 5.7);							
A94	Provide the ability to assign a contract medical escort when a DOA staff member is not available.	(c) SERVICE MODULES (Special Operations (Reference ABB 5.7);							
A95	Provide the ability to allow Non-DOA DSSs and CSPs to recommend Medical escorts that will Engage reviews and confirmation upon request to move the detainee	(c) SERVICE MODULES (Special Operations (Reference ABB 5.7);							
A96	An recommendations for medical escort, document the provider level, (Physician, Mid-Level Provider, Nurse, Licensed Vocational Nurse) that made the determination that a medical escort is recommended.	(c) SERVICE MODULES (Special Operations (Reference ABB 5.7);							
A97	Provide offline/remote capability at the point of care support for ward/site entity-contents, where detainee information collected is available immediately when wireless access is available and when full secure connectivity restores.	(c) SERVICE MODULES (Special Operations (Reference ABB 5.7);							
A98	Provide offline/remote capability of Psych transports to have the full medical record continue documentation during flight when wireless communication is unavailable or must be turned off.	(c) SERVICE MODULES (Special Operations (Reference ABB 5.7);							
A8	**Performance Improvement (Reference M BSS 5.8)**	**(c) SERVICE MODULES**							
A99	Provides the ability to complete a record review based on Performance Improvement algorithms and review requirements. Accurately file record to meet the number of records reviewed for Performance Improvement Objectives.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A100	Provide the ability to link each record review to the actual medical record reviewed for validation of accuracy of the outcome of the Performance Improvement standard review.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A101	Allow for access to medical records also completing the required performance improvement reviews.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A102	Provide the ability separate reporting generally by month, quarter, year.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A103	Provide the ability to identify and complete pending medical record reviews on each Performance Improvement standard.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A104	Provide the ability to complete a review on several PI standards at once documenting the review of each standard required by the Performance Improvement standards.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A105	Provide a user interface that provides a clear distinction between medical record information and Performance Improvement information and prevent inclusion of Performance Improvement data in the patient medical record.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A106	Allows submission of incident reports based on incidents identified as the SQA Incident Form.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A107	Provides ad-hoc notification to users based on the type of incident report submitted.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A108	Provide the ability to define and track peer reviews (full record review) within the system to meet accreditation and licensure requirements driving specific number of peer reviews based on service authorities. Provide the ability to track the peer review process from the initial request for review to the completion of the review, and feedback to be given to the provider. Ask are to retain separate from any medical record. Must have adequate safeguards to prevent confusion in the entry of this data versus medical record information.	(c) SERVICE MODULES (Performance Improvement (Reference ABB 5.8);							
A9	**Financial Management (Reference M BSS 5.9)**	**(c) SERVICE MODULES**							
A109	Support enhancement of coding capability to CPT, HCPCS to provide cost factors to all users and services provided at DOA facilities.	(c) SERVICE MODULES (Financial Management (Reference ABB 5.9);							
A110	Achieve an accurate cost of care per detainee for all aspects of care including: administrative, ancillary (lab x-ray), nursing, providers.	(c) SERVICE MODULES (Financial Management (Reference ABB 5.9);							
A111	Provide the ability to report across all EHR data structures to include medical claims data.	(c) SERVICE MODULES (Financial Management (Reference ABB 5.9);							
A112	Provide the ability to document the reimbursable rates covered by common insurance programs for cost analysis	(c) SERVICE MODULES (Financial Management (Reference ABB 5.9);							
A113	Provide the ability to allow clinical documentation specialists to review documentation and enhance the clinical coding applied to improve the application of codes on each encounter providing feedback to providers on better ways to code in the future.	(c) SERVICE MODULES (Financial Management (Reference ABB 5.9);							
A114	Provide support to function between coding standards maintaining fully & historical data (ICD10/ICD10, ICD-9, SNOMED)	(c) SERVICE MODULES (Financial Management (Reference ABB 5.9);							
A10	**LEGACY RETIREMENT**	**(c) LEGACY RETIREMENT**							
A11	**Legacy Data Migration (Reference)**	**(c) LEGACY RETIREMENT**							
DR A11.1	Provide the ability to access historical data after transition and old-stream of system such that medical records are accessible for historical reference.	(c) LEGACY RETIREMENT (General Legacy Retirement Requirements)							
DR A11.2	Assume the link between patient identifiers are established with the new medical record such that the information is accessible.	(c) LEGACY RETIREMENT (General Legacy Retirement Requirements)							
A12	**Legacy Systems**	**(c) LEGACY RETIREMENT**							
A1	Transition data from the Electronic Medical Record Payment Authorization Request (PAR) System – CareCritter - Software Developer- IBAX Technologies. Serves as current electronic health record. It is a relational Database designed to track detainee population, scheduling, clinical data and encounter details. Serves as legal medical record for all detainees receiving care at the (3) facilities using the system.	(c) LEGACY RETIREMENT (Legacy Systems)							
A13	Transition the data record in the database collected from the PAR Web Site is available for historical reference. PAR Web is a relational web application developed by NIH to provide limited functional capability for field users external to the EHR network. The application is run off a web server there in Washington DC and interfaces directly with the CareCritter database in Washington DC, where the Managed Care Coordinators review the submitted PAR.	(c) LEGACY RETIREMENT (Legacy Systems)							
A2	Transition data from the Scheduling, Workload, Diagnosis, Tracking Software (ShedEx) such that the system can be retired. ShedEx is a relational Database designed to track specific parameters of each detainee and their medical status (Diagnosis, Special Needs, Medical Alerts), schedule encounters (Chronic Care Appointments, Physical exams, Sick Calls), and calculate facility workload.	(c) LEGACY RETIREMENT (Legacy Systems)							
A3	Transition data from the Pharmacy System – Correctional Institute Pharmacy System. The Pharmacy database is a relational database system designed to collect, organize, analyze, and track the volume of prescriptions filled and the related expenditures at DHS-staffed sites.	(c) LEGACY RETIREMENT (Legacy Systems)							
A13	**(c) MEDICAL TECHNOLOGY EXPANSION**	**(c) MEDICAL TECHNOLOGY EXPANSION**							
1	**Radiology Expansion**	**(c) MEDICAL TECHNOLOGY EXPANSION**							

6.1.7	Provide the ability to interface with Digital Radiology services to obtain results for services rendered electronically.	6.0 MEDICAL TECHNOLOGY EXPANSION (Radiology Expansion)							
6.1.2	Provide the ability to launch and view the radiology for comparative analysis after captured.	6.0 MEDICAL TECHNOLOGY EXPANSION (Radiology Expansion)							
6.2	**Interface with Diagnostic Medical Equipment (Vital Signs Monitors, Encardiogrophs, Electrocardiogram, Pulse Oximiters, Blood Glucometer)**	**6.0 MEDICAL TECHNOLOGY EXPANSION**							
6.2.1	Provide the ability to accept electronic results from standards compliant medical diagnostic equipment	6.0 MEDICAL TECHNOLOGY EXPANSION (Interface with Diagnostic Medical Equipment (Vital Signs Monitors, Encardiogrophs, Electrocardiogram, Pulse Oximiters, Blood Glucometer))							
6.2.2	Provide clear indication that the results were posted to the EHR.	6.0 MEDICAL TECHNOLOGY EXPANSION (Interface with Diagnostic Medical Equipment (Vital Signs Monitors, Encardiogrophs, Electrocardiogram, Pulse Oximiters, Blood Glucometer))							
6.2.3	Provide the ability to over-ride the interface and manually enter if the interface and data posted to the EHR.	6.0 MEDICAL TECHNOLOGY EXPANSION (Interface with Diagnostic Medical Equipment (Vital Signs Monitors, Encardiogrophs, Electrocardiogram, Pulse Oximiters, Blood Glucometer))							
6.3	**Panoramic Dental X-Ray Units**	**6.0 MEDICAL TECHNOLOGY EXPANSION**							
6.3.1	Supports expansion of existing Dental X-Ray units to support Panoramic Dental X-Ray capability.	6.0 MEDICAL TECHNOLOGY EXPANSION (Panoramic Dental X-Ray Units)							
6.4	**Automated Inventory Management Systems**	**6.0 MEDICAL TECHNOLOGY EXPANSION**							
6.4.1	Supports capability or integration with systems that automate Pharmacy, Medical Surgical and Equipment inventory management	6.0 MEDICAL TECHNOLOGY EXPANSION (Automated Inventory Management Systems)							
6.4.2	Provides current technology, similar to the Pharmacy inventory management, that supports establishment of par levels, electronic ordering/replenishment and electronic receipt	6.0 MEDICAL TECHNOLOGY EXPANSION (Automated Inventory Management Systems)							
6.4.3	Provide the ability to leverage existing equipment from other inventory management solutions in place to support Pharmacy inventory management.	6.0 MEDICAL TECHNOLOGY EXPANSION (Automated Inventory Management Systems)							
6.5	**Hastings Logic Enhancement to eCW**	**CAPITE XTA**							
6.5.1	The application shall provide manual discharge capability allowing a user selectable discharge button								
6.5.2	When selected, the discharge button shall try to display a alert for any user as to alert the user that the action cannot be undone.								
6.5.3	When the user proceeds with the discharge, the application shall cancel all meals, appointments, and remove distance from the medical roster								
7.0	**RISE 2.1 Accessibility Specifications**								
7.1.1	RISE Compliance Requirements								
	The application will be modified to adhere to all applicable requirements of Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d). Full Section 508 documentation can be found at the official website for Section 508 of the US Rehabilitation Act: http://www.section508.gov/								
8.0	**RISE 2.0 - PERFORMANCE SPECIFICATIONS**	PERFORMANCE SPECIFICATIONS							
8.1	**Availability**								
8.1.1	The system shall support an availability of 99.99%, exclusive of scheduled downtime	PERFORMANCE							
8.1.2	The system shall support 24/7/365 operations	PERFORMANCE							
8.1.3	Scheduled downtime for the system shall not exceed 120 minutes per calendar month	PERFORMANCE							
8.2	**Capacity**								
8.2.1	The system shall support up to 800 concurrent users.	PERFORMANCE							
8.2.2	The system shall support a total capacity of 1,500 users.	PERFORMANCE							
8.2.3	The system shall maintain detailed data for up to two years for adults and 21 for minors	PERFORMANCE							
8.2.4	The system shall support a maximum of 15,000 detainees concurrently	PERFORMANCE							
8.2.5	The system shall support a maximum of 4,000,000 medical events per year total for all ADM staffed facilities	PERFORMANCE							
8.2.6	The system shall support accessibility of up to 2,000 detainee shift records in offline/remote mode, as permitted by the storage capacity of the device being used	PERFORMANCE							
8.2.7	The system shall provide a response time of no more than five seconds	PERFORMANCE							
8.3	**Response**								
8.3.1	User support shall be available from 6:00 am - 8:00 pm ET	PERFORMANCE							
8.3.2	Two (1) hour response time shall be provided for all support requests classified as Emergency or Critical.	PERFORMANCE							
9.0	**RISE 2.0 - RELIABILITY SPECIFICATIONS**	RELIABILITY SPECIFICATIONS							
9.1.1	General Reliability Specifications	RELIABILITY SPECIFICATIONS							
9.1.1.1	Verification: The system shall achieve and maintain ONC/ATCB™ Ambulatory eHR certification	RELIABILITY SPECIFICATIONS							
9.1.1.2	Reliability: System maintains reliable on-training, demographic, clinical, pharmacy, and treatment authorization data by retrieving the same data values for each patient within the core eHR and other interoperable systems.	RELIABILITY SPECIFICATIONS							
9.1.1.3	Interoperability: The system shall establish full electronic interoperability with specified external IT systems and accurately accept from and transmit data to these systems	RELIABILITY SPECIFICATIONS							
10.0	**RISE 2.0 SC - SECURITY SPECIFICATIONS**	SECURITY SPECIFICATIONS							
10.1.1	General Security Specifications	SECURITY SPECIFICATIONS							
10.1.1.1	The system shall possess a current FISMA accreditation at the moderate level granted by DOH or DHS	SECURITY SPECIFICATIONS							
10.1.1.2	The system shall comply with FedRAMP controls as identified by the FedRAMP Joint Authorization Board (JAB)	SECURITY SPECIFICATIONS							
10.1.1.3	The system shall comply with the following reference documents:	SECURITY SPECIFICATIONS							
10.1.1.4	FIPS 200/ National Institute Institute Handbook	SECURITY SPECIFICATIONS							
11.0	**RISE 2.0 SC - SECURITY SPECIFICATIONS**	SECURITY SPECIFICATIONS							
10.1.1.5	Interoperability: The system shall establish full electronic interoperability with specified external IT systems and accurately accept from and transmit data to these systems	RELIABILITY SPECIFICATIONS							
11.0	**RISE 2.0 SC - SECURITY SPECIFICATIONS**	SECURITY SPECIFICATIONS							
11.1.1	General Security Specifications	SECURITY SPECIFICATIONS							
11.1.1.1	The system shall possess a current FISMA accreditation at the moderate level granted by DOH or DHS	SECURITY SPECIFICATIONS							
11.1.1.2	The system shall comply with FedRAMP controls as identified by the FedRAMP Joint Authorization Board (JAB)	SECURITY SPECIFICATIONS							
11.1.1.3	The system shall comply with the following reference documents:	SECURITY SPECIFICATIONS							
11.1.1.4	FIPS 200/ National Institute Institute Handbook	SECURITY SPECIFICATIONS							
12.0	**RISE 2.0 TR - TRAINING SPECIFICATIONS**	TRAINING SPECIFICATIONS							
12.1.1	ADM Application Training	TRAINING SPECIFICATIONS							
12.1.1.1	The Harris eHR Solution will provide the following training:	TRAINING SPECIFICATIONS							
12.1.1.1.1	Site-specific training plans including instructor-led training (ILT) and on-the-job training (OJT)	TRAINING SPECIFICATIONS							
12.1.1.1.2	Computer-based training (CBT)	TRAINING SPECIFICATIONS							
12.1.1.1.3	Remote training support	TRAINING SPECIFICATIONS							
12.1.1.1.4	Trainers with clinical backgrounds will be integrated into each training team	TRAINING SPECIFICATIONS							
12.1.1.1.5	Role-based training will be provided for the following user types:	TRAINING SPECIFICATIONS							
12.1.1.1.5.1	Front office personnel	TRAINING SPECIFICATIONS							
12.1.1.1.5.2	clerkers	TRAINING SPECIFICATIONS							
12.1.1.1.5.3	nurses	TRAINING SPECIFICATIONS							
12.1.1.1.5.4	acting staff	TRAINING SPECIFICATIONS							
12.1.1.1.6	Kiosker coordinators will be provided on-site access and -clike and Military mechanisms	TRAINING SPECIFICATIONS							
12.1.1.1.7	Sufficient training, will be provided to personnel in order to meet implementation timeframes.	TRAINING SPECIFICATIONS							
12.1.1.1.8	Training will be coordinated with Super Users at each site	TRAINING SPECIFICATIONS							
12.1.1.1.9	Planned training facilitation will be provided through a combination of ILT and OJT incorporating context-specific, real world scenario-based hands-on practice including	TRAINING SPECIFICATIONS							
12.1.1.1.9.1	Accommodation of flexible schedules through rolling training offerings.	TRAINING SPECIFICATIONS							
12.1.1.1.9.2	ISCORM and Section 508-compliant interactive computer-based training (CBT) integrated into the ICE Virtual University (VU)	TRAINING SPECIFICATIONS							
12.1.1.1.9.3	Remote support including webinars and scheduled Question and Answer sessions	TRAINING SPECIFICATIONS							
12.1.1.1.9.4	Dedicated backup trainers to ensure continuity in meeting the training schedule	TRAINING SPECIFICATIONS							
12.1.1.1.9.5	Use of the industry-standard instructional Systems Design (ISD) methodology to guide the training solution	TRAINING SPECIFICATIONS							
	Long should you look at the 3 most and and [sic] of application for abusive of wellly [illegible][illegible][illegible]	N/A							
	Ability to change the "In Will charge to Facility" by provided secondary to determine a user will NOT be charged for [sic]" when database to discharged positive not as discharge mobile	Discharge logic							
	Provide the ability that cannot need have after a defined date has been discharged positive user cannot also database a case after discharge	Medical records group							
	Ability to change the "In Will charge to Facility" by provided secondary to determine a user will NOT be charged for [sic]"	Medical records group							
	Ability to change the Facility Rate for a facility	Billing							
	Ability to change the Facility Rate for a facility, the user must be able to click on the Map Sign on the order steps and modify it [NR]. The following step once it has stopped, highlight the has button instead of the he button to continue with selecting the Case/Life Pursuant to offenders go through to CPS. Also, can the just click Stop sign and it automatically stop and go to CPS without additional steps. When the non-fix/injury request form is printed, the Facility Rate should be the default value	Billing							
	Must Provided Hospital Form (medical site) and to record ADT Events	ADT record form							
	After the Intake Hold step will enter processing, a link through the Intake Instructions	Intake form							
	Ability to change the Facility Rate for a facility, the user must be able to click on the Map Sign on the order steps and modify it at the time of each modification								
	Upon Release, the user must be able to enter a Release Date and Release Time for the offender and all fees are waiving, met, and fees. Pre- solution maintains for this is a made [SIC] reports								
	Hide Payroll and Include Contract Funded (ADP) Hide the ability to set all Salary Grid and Rate Grid levels Allowed Expressing salary Filter will need stabilize changed need to should occur any after closing Need Super								
	Hide Payroll and Include Contract Job Charge the default to the user's facility or at least a single facility [The user's facility is unknown]? If the user selects All Facilities and/or a large date range and eCW cannot display all the data, a message should be displayed to the user to narrow their search criteria								
	Activity: When a detainee is discharged from/moved out of, across the eCW user if they are outside the discharge/transfer date. Currently when searching by facility these actions will not show in the pull since under the facility that the detainee is currently housed. / This was a change from 4Sx to CS and not viewed as an enhancement.								
	Ability to create a custom message that is displayed when a detainee checks in/out, which [sic] will be displayed to the user at any task type to pull in this information.								
	Ability to create a custom message that is displayed when a detainee checks in/out								
	Preferred: When accessing the referrals from the PCM, it would be useful to have the default be Outgoing or cancel the Incoming/ all/ together (Wake this an fees key, so it does not affect other Correctional users)								
	Preferred: Chief of Staff, not the MO/NP will be needed for entering the offer, once the Chief refers for reporting, by [SIC]								
	When referring, any Pt/ client have the system automatically check the Inmate box's the tab results window								
	alert [NP] medical, should/Facility [sic] [NP] / tab will return to the window, instead of as a addition to load								
	Have the display screen show R or F (Off/Inmate) and Name								
	Accepted: for Dropdown: White Spring a text name, it lands on the last letter typed as opposed to the name you are typing. Change this to be in line with other drop down search properties								
	Create a two way communication between IVF 2.0 and eCW to annotate cancelled IVFs. The process would flow both directions from IVF 2.0 Cancelled field to a NEW Cancelled status field in Table of windows in eCW (new screen/tab) taken from tab structure								
	When the Inmate and another Pt/ Client takes a Test [NP] / Medical Test [NP] / Medical Test [NP] / Medical

	Re: We did some testing and when a new patient was added and we kept the Suicide Watch flag set to the default of 'No', Zach looked and saw there was no row in the database for this so there was no facility known with this flag.	Demographics > CDS Tab							
	Is it planned, if desired, to make Federal Incentive counts of being place on/off suicide watch during one admission.	Demographics > CDS Tab							
	Is it planned, if desired, to make Suicide Watch counts	Demographics > CDS Tab							
	CW Admin - >In Pre-Progress Notes Access Log: the CW events are currently not included in the access log - please add to log and metadata package so reports could be created to who, when on the CW, what events were created, assigned to, due date, and notes	Clinical Rules Engine (CRE)							
	CW Dental Reasons - >In Pre-Progress Notes Access Log: the CW Dental Reasons' are currently NOT included in the log; add to log and metadata package so reports could be created for who / when on the CW, what events were created, what events were cancelled and the reason why CW was cancelled (structured data)	CW							
	CW Admin - >In Progress Notes Access Log: the CW events are currently not included in the access log - please add to log and metadata package so reports could be created to who, when on the CW, what events were created, assigned to, due date, and notes	CW Tab							
	Need Handler - notes to track changes over time and at which facility for historic reporting	CDS Tab							
	Will need to capture each time there is a change from no to yes and yes to no and we need to track per facility but facility is not currently captured / stored	CDS Tab							
	CW has structured data in the 'follow-up' field drop down (use-order-chart) which they use to document the status of a diabetes; we need to be able to track changes over time to include who modified and at what facility this modification was done; this is currently not captured / stored in the database	Infirmary eMR							
	The Core name, last name, and last type are set up per configuration, however - the last type can be changed by a user to reflect the actual reason a diabetes has been admitted to the Infirmary - we need to be able to capture the actual values / dynamic (current) values of the 'last type' for a patient in a facility and capture any changes over time during that Infirmary stay in order to be	Infirmary eMR							
	Use the same printer script to print labels the same as the wristband printer prints the barcode to represent the MI. This will allow us to use the labels in the patient lookup field and on the eMAR. IQVIA requires 3D labels to function, the same as W.	Label printing							
	Need to capture when a user generates a new custom network drive (any drive a user will see that people use, supported by Hermagic). Does not/will not work with the print book as screen for users to have a nothing to print.	CAPS Interface							
	Silent Mod Alert - This is configured differently than the ad hoc labels. A barcode is generated which is defaulting to the 6 number. It does work with Vinyl tools as a screen to search on the ad hoc tools as screen does not have the bar code reader technology. This will work in the eMAR screen as per the design by using the NCMH process (Bar Coding Medication Administration)	Non-billable only progress notes							
	Title of a new, blank, historical PACE+ codes can be a PC that are not in use in 2023.	Separate the historical function from this							
	The end user should not be able to edit a note if a user is viewing any other	Demographics > CDS Tab							
	Need to be able to capture the number of times a user refreshes an in-focused note. Neither scenario should be allowed.	Progress note and 3C Portage > Telephone encounter and progress note							
	Need to be able to capture Medication Reconciliation by Nurses in eMAR/Treatment notes, but disable the "edit" function in current limitations. That way providers (and RNs) can still use the Remove function for nuisance/error orders and pre-load CPOs, and the Rx History tab to add best orders that were somehow dropped without a stop order. The major problem seems to be when providers and RNs use the edit function to put something new without a start or stop date on it into the MAR	Not Map							
	When the individual type, or the e.g. the Dental CPL will automatically populate	Progress notes treatment tier medications							
	Every time a user accesses a progress note and telephone encounter(TE), the user will be prompted to change the date/time on the encounter or TE. This will expose accountability and for flight / non-flight scores related to assisting notes or the wrong date or if progress will be/will consider to change the date/time, that were initiated by another user	TE/Progress note							
	Need to capture when a user selects "Add" medication for an "antagonist" diagnosis and also "Create Order". By nurse, this seems already kept in the logs, so CW currently tracks it. We need it visible on the note for auditing purposes	Dental planning DX and PMHP							
	Remove which lists the print function currently has the limit and PMHP should be accompanied to avoid waste of paper and server space.	View Print buttons functions > Practice setting default							
	Update Patient Listing Address for Homeless/NFN Homeless	Property notes: phone address							
	Add the ethnicity data for patient selection, that are automatically changed on the photo currently what gets changed on the photo is the name, DOB and the account #	Add Patient Identifier Cards: DOB, MR, etc pictures uploaded to progress note							
	Need to be able to track changes over time to include who modified and at what facility this modification was done	Medical record printing PHARM Tab							
	Add English, Spanish, French, Portuguese, Russian, Somali, Vietnamese, Chinese, Arabic, Hindi and Haitian Creole language access to Patient Medical Record Portal	PHARM additional languages to be included in the PHARM							
	Remove option to allow a user to check in within the patient housing console and not have the appointment update the current date/time as it does in the CHC. Remove that option altogether if end users cannot update the appointment date/time. It's misleading to the user.	Patient housing console							
	Send ASSIGNED a list of all new features/fixes in each new build and the date logic upon delivery of build to test.	New build features/date logic							
	Pt's single sign on integration	Pcc							
	Add Treatment plan to medical record printing from HUB and Portal upload. Currently Treatment Plan with Teeth Graphical Charting: is part of the Dental Summary but not Medical Record Printing	ICC> Dental Module add Treatment plan to medical record printing from HUB and Portal upload							
	Medical print function should have a tab for referrals. Currently, they have to be printed individually.	Referrals							
	Dental Alert box pop up when an encounter is accessed through the CHC	Dental Alert							
	Sort by Reason on the CHC when you click on the column	CHC							
	Sort by Provider on the CHC when you click on the column (for group visits)	CHC							
	Limit medical encounters at one time (without having to open the encounter to see all the for group visits)	CHC							
	If all tests to more than one person (medpet 3.10) use the Registry at one time	Registry							
	Update the Medical Encounter Reports to reflect all the admission and discharge dates so refs can be pulled on reports. Currently not functional	Reports							
	Add ACT Universal Vital Report	Reports ACTs							
	Automatically update ICD/CPT/CDT codes when updates come out	Updates to codes							
	Add Medical Encounter Reports to Medical Encounters Dropdown Menu Currently	Reports							
	Intake Logs: Add the "Time Alone" as a new LOA that is created by the Infirmary > they are currently blank	Intake Logs							
	Actions: Create checkbox for Actions based on the Filters chosen. Currently, if you chose a Facility it chose the Actions for all detainees housed the Facility even of the Action was not created at that Facility. Need to be able to create Actions for all detainees housed at a Facility	Actions							
	Add the physician letter with the exception of MLO have dropdowns when you click on the letter that chose what you need to do. The letter it only chose Yes to the Pcs Yes Rec Apts which should show Documents To Be Reviewed with a number next to it	Lab Results							
	Add the physician letter with the exception of MLO have dropdowns when you click on the letter that chose what you need to do. Below is an example.	Lab Results							
	There is a tab reveal but no numbers appear next to tab	Actions							
	Have "assigned to" field in Actions window filter as you type in the name as it does in the appointment window. Currently, it only filters using the last letter you typed in	Actions							
	UPDATED REQUEST: All Stop Orders will automatically go to CAPS and CancelRX without having to go through those additional steps	RX							
	Remove the treatment cancel from the medications window in the future	Treatment Rx							
	Need to be able to track changes over time to include who modified and at what facility this modification was done	Treatment Rx							
	Make tray red for any order in the tray and take this from being scheduled and set for medication pull list	Treatment Rx							
	Remove the prompt: "Do you want to run the Clinical Rules Engine?" - ASSI always wants these to run thru CRE	CRE							
	Remove MARCH as a choice in the Medical Order Provider and Licensing Status drop down in the Staff & Provider Admin Screen	Medical							

	Shuff/AE to eCW	HL7 Admission Discharge Transfer (ADT) message	• Message Header (MSH) segment • Patient Identification (PID) segment • Patient Visit (PV1) segment Internal ID (4:1) Alternate ID Patient Name Date of Birth Sex Assigning Authority (name of MedPAR submitter) Assigning Facility (Area of Responsibility - of submitter) • Patient Visit (PV1) segment Patient Class and Location Admission Type Attending Doctor and ID Number Referring Doctor and ID Number Admit date/time Visit Number (Kalkal 1) • Financial Transaction (FT1) segment • Procedure (PR1) Segment • Message Acknowledgement (MSA) segment Error (ERR) segment	The Contractor shall convert the eHR operational maintenance contractor to its development (test and dashcreate) of the MedPAR interface.							
	eCW to Shuff/AE	HL7 ADT message	• Message Header (MSH) segment • Patient Identification (PID) segment • Patient Visit (PV1) segment Pendleri Number (MedPAR Rasol code) • Procedure (PR1) Segment • Financial Transaction (FT1) segment • Message Acknowledgement (MSA) segment Error (ERR) segment	The following upgrades / enhancements shall be included with at eCW incremental product release that is available commercially to all eCW licensees. The upgrades / enhancements shall not be considered a commercial version of the product or a "out of" version that is only available for ICE use. The Contractor shall make upgrades / enhancements as part of eCW >10 (or greater).							
	Tracker of Upcoming to Dos	The Tracker of Everything is fairly thoroughly indicated for Ph2. The information shall be clearly displayed on the >CW patient tab to use of the primary Shift							
	Shuff/AE - Time Zone Sensitive Check	Overall wellness with KIOSK applies: >CW shall support the display of a 24 hour clock for 'military time' throughout the system (e.g. 13:01, 21:20, 17:00, etc.). The time display in eCW shall record the hour, min of the start to ending / save day the record with an indication of which time zone is being used (e.g. EST, CST, MST, PST, AST, CST, MST, PST, etc.). The following eCW location shall be collected to store the requirement:								
		Arizona	Arizona						
		Central - Standard	Central - Standard Time - Ala., Fla.(most)						
		Central - Daylight	Central - Daylight Time - Ala., Fla.(most) - Not Used						
		Eastern - Standard	Eastern - Standard Time - Ala., Fla.(most), Ga., Ky.(east), N.C., S.C., Tenn., Va.						
		Eastern - Daylight	Eastern - Daylight Time - Ala., Fla.(most), Ga., Ky.(east), N.C., S.C., Tenn., Va.						
		Hawaii-Aleutian - Standard	Hawaii-Aleutian Standard Time - Hawaii, Aleutian Islands						
		Hawaii-Aleutian - Daylight	Hawaii-Aleutian Daylight Time - Hawaii, Aleutian Islands						
		Mountain - Standard	Mountain Standard Time - Colo., Idaho, Mont., N.M., Wyo.						
		Mountain - Daylight	Mountain Daylight Time - Colo., Idaho, Mont., N.M., Wyo.						
		Pacific - Standard	Pacific Standard Time - Calif., Nev., Ore., Wash.						
		Pacific - Daylight	Pacific Daylight Time - Calif., Nev., Ore., Wash.						
		Samoa - Standard	Samoa Standard Time - American Samoa, Midway Islands						
		Samoa - Daylight	Samoa Daylight Time - American Samoa, Midway Islands						
		Alaska - Standard	Alaska Standard Time - Alaska (most)						
		Alaska - Daylight	Alaska Daylight Time - Alaska (most)						
	Shift Start Panel Matching Treatment Window	ICE leverages the night shift panel within eCW as "quick reference" to overlay current medications for detainees. To avoid discrepancies with medications being given to patients in ICE custody, the eCW night shift panel shall populate a medication when started and continues until a "stop order" is completed to treatment window or medication "is placed" regardless of current medication dates. (e.g. A nurse providing a "dressing change" cannot override the medications in the night shift panel as entered by a provider). The eCW night shift panel shall match the treatment window.							
	Staging HYMS > to eC	To avoid confusion with the Nov 9 shift that 08 (Oct January), the eCW 'Shift for NOV 2023 shall be established to Jul (as a							
	Printer: Patient Lookup - Search Defaults to A?	To expedite recording and minimize keystrokes required by ICE users, the search shall default to A-Z. The search field shall remember "sticky" to the last selected search data							
	Incorporated on Different Date - Look	To improve accountability and balancing logic, when an ICE user runs funds a note, the date and time of the appointment the ICE							
	Security Toolkits	To eliminate manual configuration of nursing diagnostic codes, eCW shall support wireless local integration with NETWORX existing code sets for use with templates and order sets							
		To maximize the effectiveness of the >CW off-line business within the ICE operational environment, the system shall display a 'progress screen (e.g.% or minutes) to indicate the percentage / time remaining for the synchronization to complete.							
	Offline / Data Performance Upgrades	The >CW off-line client shall allow for only synchronizing the currently detained population, and not selected by facility. ICE does not require a history of every patient in eH off the mode, unless the patient is in current ICE custody.							
		The installation of the >CW off-line client shall be simplified as with connected wizard that does not require manual or command - line intervention. Version upgrade s shall be compatible with enterprise software deployment tools (e.g. BigFix, System Center Configuration Manager, etc.) and be available through the

17.1131 MHU Bed Availability Report	report includes data on all detainees regardless of custody status.								
18.1132 MHU Historic Report	The MHU Bed Availability Report generates a list of all the occupied/unoccupied beds by date range and MHU. The report will show each day what beds were occupied and/or unoccupied based on the date range and MHU selected.								
19.1139 MHU Admissions Over ADP	MHU Historic Report generates a list of all detainees admitted and/or discharged from the MHU during a specified time frame. The report includes the acuity level description, admission/discharge date, admitting diagnosis, sizes, bed type, bed name and days between admission and discharge date. This report includes data on all detainees regardless of custody status.								
20.1140 MHU Bed Detail (Current Patients)	The MHU Admissions Over ADP report generates a graph and a list of the number of admissions and discharges.								
21.1141 MHU Bed Detail (Current Patients)	The MHU Bed Detail (Current Patients) report generates a list of all detainees that are currently admitted to the facility's MHU. This report includes the admission date, admitting diagnosis, acuity level, bed name, bed type and number of days they have been in the MHU. This report includes data on all detainees regardless of custody status.								
22.1142 MHU Bed Detail by Admission Date	The MHU Bed Detail by Admission Date report generates a list of all detainees that have an admission date between the selected date range. The report includes the admission/discharge date, acuity level, admitting diagnosis, bed name, bed type and number of days in MHU.								
23.1143 Transfer Visits Report	The Transfer Visits Report generates a list of all transfers that occurred at a specified facility, date range and provider. This report includes visit date, check out time, kick date/time and the user who booked.								
24.1146 Facility Workload 12	The Facility Workload 12 report generates a 2 tabbed report. The 1st tab includes a summary of all the sick counts. The 2nd tab includes the number of chart review by provider/security role and the number of encounters by provider/security role. This report includes data on all detainees regardless of custody status.								
25.1149 Workload Analysis by Diagnosis	The Workload Analysis by Diagnosis report generates a list of detainees by diagnosis code. This report can be filtered by date range, facility, provider, diagnosis code, age range and visit type. This report includes data on all detainees regardless of custody status.								
26.1156 Provider Workload - Visit Type Analysis	The PW – Visit Type Analysis report is very resource intensive and take a long time to run. The 1,000 Provider Workload – Visit Count should be used as an alternative. This report includes the number of visits by visit type, provider and facility. This report includes data on all detainees regardless of custody status.								
27.1157 Unassigned PC and Intake Progress Notes V2	The Unassigned PC and Intake Progress Notes V2 report generates a list of all the intakes and PCs that were not pended for secondary review. This report needs to be filtered by appointment provider. This report includes data on all detainees regardless of custody status.								
28.1158 No Show Appointments	report includes data on all detainees regardless of custody status.								
29.1157 Pregnant Detained (Current) V2	The No Show Appointments report generates a list of all visits that have a status of N/A. The report include the visit type, visit date, appointment reason and appointment provider. This report includes data on all detainees regardless of custody status.								
30.1159 Pregnant Detained Historical	The Pregnant Detained (Current) report generates a list of pregnant detainees based on a positive in-house urine pregnancy test. This report includes the LMP, date of conception, estimated due date, and the pregnancy test date.								
31.1160 Pregnant Detained Historical	NA - Nothing printed and also had trial on pregnancy determination. This report includes data only on detainees that are currently in custody.								
32.1166 Current Chronic Care Report - V3	The Pregnant Detained Historical report is the same as the 1157 Pregnant Detained (current) just skipped for								
33.1164 Historical Chronic Care Report V2	The Current Chronic Care Report V3 generates a list of all detainees who have a chronic illness based on the Current Chronic Care Report V3 generates a list of all detainees who have a chronic illness based on								
34.1172 SICT-LP Diagnostic Trio Report V2	predefined ICD groups and if there is a clinical MAT placed on their record. This report includes data only on detainees that are currently in custody. The SICT-LP Diagnostic Trio Report V2 generates a list of all detainees that have a Schizophrenia, Low Mood or Low Mood MAT								
35.1234 TCA Kit	includes data on all detainees regardless of custody status. The SICT-LP Diagnostic Trio Report V2 generates a list of all sick call visits. This report includes the appointment date, provider/resource and visit								
36.1238 Grievance V8	type. This report includes data on all detainees regardless of custody status. The TCA Kit report generates a list of all TCA requests that are in ERA under a telephonic encounter. This report includes the date of the request, requestor, date range of records requested and								
37.1239 Detainee Allergy Report	number of pages. The This report includes data on all detainees regardless of custody status. The Grievance V8 report generates a list of all grievances based on the grievance template. This report includes the grievance date, log number, date of detainee signature, nature of the grievance, outcome								
38.1240 Suicide Watch (Current)	and investigation results. This report includes data on all detainees regardless of custody status. The Detainee Allergy Report generates a list of all detainees that have an allergy placed on their record. This report includes the allergy and the reaction. The This report includes data on all detainees regardless of custody status.								
39.1241 Mental Health 16 Referrals and ICE Visit Report V2	The Suicide Watch (Current) report generates a list of all detainees currently in custody that have been on custody watch. This report is based on the suicide watch flag being switched to on. This report includes the cell and end date of the custody watch. This report includes data only on detainees that are currently in custody.								
40.1242 Mental Health Visits	The Mental Health 16 Referrals and ICE Visit Report generates a list of all mental health referrals and when the detainee was seen by a mental health provider. The Mental Health Visits report generates a list of all detainees that were seen by mental health staff. This report includes								
41.1243 Psychiatry Visits	provider and visit type categories. This report includes data on all detainees regardless of custody status. The Mental Health Visits report generates a list of all the sick visit types and the total for each sick visit type for a								
42.1248 Mental Health Segregation Report V2	specified date range. This report includes data on all detainees regardless of custody status. The Psychiatric Visits report generates a list of all the SICK visit types and the total for each visit type that was locked by a psychiatrist during a specified date range.								
43.1174 Female Detainees with History of Sexual Assault/Abuse	The Mental Health Segregation Report generates a list of all detainees that have a SEG visit with a MH diagnosis placed on their record during a specified date range. The report includes the MH sick type, date provider, ICD code and code description. This report								
44.1251 Check A Rep Pending Paperwork V4	includes data on all detainees regardless of custody status. Female Detainees with a History of Sexual Assault/Abuse generates a summary of all female detainees in ICE's (national level) and at the facility level that have a history of sexual abuse/assault. The report includes the ICD code, code description and the date of the last sick visit that had the code. The report looks for the words "Sexual Abuse" and "Sexual Assault" and "History of physical or sexual abuse or engaged in behaviors that would put you at risk". This report								
45.1252 Check A Rep Pending Paperwork V4	includes data on all detainees regardless of custody status. The Check A rep Pending Report's generates a list of all detainees that have had a CHA ordered but no results have been received. This report includes the provider date								
46.1312 & 1314 Other than Normal Chest X-rays V5	and collection date. This report includes data on all detainees regardless of custody status. The Other than Normal Chest X-rays report generates a list of all TCA's that have a result that is positive or there were additional findings noted by the Radiologist. This report includes the								
47.1317 CAR Reconciliation Report V9	ordered/collected/received dates, results and any notes that were entered in the D column. This report includes data on all detainees regardless of custody status.								
48.1318 Rendering Provider	The CAR Reconciliation Report generates a list of all CAR's that have been manually reconciled. The date range on the prompt page is based on the "order date". This report includes the order date, performed date, manually reconciled date, scan name and accession id. This report includes data on all detainees regardless of								
49.1321 Appointment Reconciliation Report	The Rendering Provider report generates a list of all physicians and who their Rendering Provider is designated as in the PCAN. This report includes data only on detainees currently in custody.								
50.1322 Detainees with Body Admission Date	The Appointment Reconciliation Report generates a list of those appointments where Patient Facility Visit did not match the appointment facility.								
51.1323 Detainees with Chronic Disease V3	Detainees with Body Admission Date report generates a list of all detainees who are missing an admission The Detainees with Chronic Disease V3 report generates a list of all detainees who have a chronic illness as defined by specific ICD groups. This report includes the visit types (locked),								
52.1324 Detainees with MH Disease (Current) V3	encounter date, ICD code, Progress description and the date of the last scheduled chronic The Detainees with MH Disease (Current) V3 report generates a list of all detainees who have a mental health disease as defined by specific ICD Groups. This report includes the visit date, visit								
53.1325 Detainees with MH Disease (Historical) V3	types, ICD Code and This report includes data only on detainees currently in custody.								
54.1326 Detainees with Positive Pregnancy Test	The Detainees with MH Disease (Historical) V3 report is the same as the 1324 Detainees with MH Disease (Current) V3 (above) but includes data on all detainees regardless of custody status.								
55.1327 Diagnosis Information	The Detainees with Positive Pregnancy Test report generates a list of all detainees that have a positive urine pregnancy test. The report includes the order date collection date, received date and result. This report includes data on all detainees regardless of								
56.1348 Immunization/Therapeutic Injection List Report	custody status. The Diagnosis Information report generates a list of all detainee encounters and the codes associated with those encounters. This report includes the visit type, appointment date, ICD Code and code description.								
57.1349 Immunization/Therapeutic Injection List Report	There is no facility filter on this report. This report includes data on all detainees regardless of custody status.								
58.1400 MAT Workload (# of Documents Scanned)	The Immunization/Therapeutic Injection List Report generates a list of all detainees that have had a specific immunization/therapeutic injection. The report includes the lot number, given date, dosage, dosage number, due date given by, and immunization name. This report includes data on all detainees regardless of custody status.								
59.1410 Pending Tests (End of Day) Report V2	The MAT Workload (# of Documents Scanned) report generates what a summary or detail, based on prompt page selection, of all documents scanned. The report includes the total number of documents scanned, the number of pages, the user who scanned, the date and time, the facility, the type of document, and the document name. The prompt page has the user may be listed multiple different ways. By Shift, Sun Shift, Sun-M, Shift, To record that you have selected all the different variations and the date/time								
60.1412 Segregation Report	The Pending Tests (End of Day) Report V2 generates a list by report timing of the tests by specific facility. The 1st tab includes all principal tests. The 2nd tab includes all open telephone encounters. The 3rd tab includes all actions that are past due. The 4th tab includes all progress notes pended for review. The 5th								
61.1413 Detainees with No MAR Appts	tab includes labs not released and results lab includes all Dr not released. The segregation Report generates a list of all SEG and/or MH SEG visits that are locked. The report includes the visit type, visit reason, appointment provider, date, and interval to clinical canvas.								
62.1418 Sexual Abuse & Risk Report	The report includes data on all detainees regardless of custody status.								
63.1419 Provider Resource Locker Note Report V3	The Detainees with No MAR Appts report generates a list of all detainees who do not have an MAR visit completed (CHA or NA' status). This report can be filtered by age range on the prompt page, facility, and the appointment provider date and status. This report includes data								
64.1418 Refusal Report	The Sexual Abuse & Risk Report V2 generates a list of any detainee who has answered Yes to specific questions regarding abuse during the Intake Screening and/or PE's tab. The report includes the visit type (Intake/PE), provider title, three questions from the Intake and two from the PE regarding sexual abuse. The								
65.1419 Global Alerts Historical w/Facility V3	The Provider Resource Locker Note Report V3 generates a list of all notes for a specific provider or area the Provider/Resource is affiliated from the person who locked the note. The report includes the visit type, date of encounter, appointment provider, resource and locked note provider. This report								
66.1420 Transgender Detainees V2	The Refusal Report generates a list of all detainees that have a telephonic encounter or their record with a reason of "Refusal". Multiple variations of refusal, refusals, etc. were used in order to capture all refusals. This report includes the PE date, reason, encounter ty...								
67.1421 Detainees with Disabilities V2	The Global Alerts Historical w/Facility V3 report generates a list of all detainees who have a specific global alert assigned to their record. This report includes the alert type, event date, event facility, review date, deleted by date and delete facility. This report includes								
68.1424 Pregnancy Detainee Report	The Transgender Detainees V2 report generates a list of all detainees that have the transgender flag turned on and/or an ICD code from a specific ICD Group. The report includes the ICD Code, diagnosis description and								
69.1424 Unreported Chart Review	The Detainees with Disabilities report generates a list of all detainees who have been identified as having a disability. The report includes the disability, the level of severity, accommodations and if shared on specific questions contained in the custody survey. This report includes data on all detainees regardless of custody status.								
70.1425 CDC Inception Report	The Pregnancy Detainee Report generates a list of all detainees that answered Yes to being pregnant during the PE but do not have a positive pregnancy test in the record. The positive pregnancy test includes the in- house urine pregnancy test and the LabCorp HCG tests.								
71.1427 Detained List	This report includes data on all detainees regardless of custody status.								
72.1428 Current Sick Chronic Care List	The Unreported Chart Review report generates a 2 tab report. The 1st tab is a summary by visit type and note. The 2nd tab is a summary by provider and the 1st tab's The CDC Inception Report generates a list of all detainees who do not have a Centers of Disease Control								
73.1429 Current Sick Chronic Care List	PCN/CDC Diagnosis Report generates a list of all detainees who do not have a Centers of Disease Control or their demographic information. This report includes data only on detainees currently in custody.								
74.1430 Detained List	The Current Sick Chronic Care List report is a replica of the Clinical Visit Concrete in all ill. The only difference between the two is that intake visits appear on the report and there is a locked column for the PA and Dr to								
75.1431 Facility Nurse	If the encounter is locked. This report includes data on all detainees regardless of custody status.								
76.1432 Income Transcervical Line Productivity Report	The Detained List report generates a list of all detainees in ICE's custody at the time the report is run. The report includes the date of birth and housing unit. The Detained List report generates a list of all detainees that died in the facility or died because of death and deceased date.								
77.1433 Rescheduled Appointment List V2	This report cannot be filtered by facility or date range. The Facility Nurse report generates a list of all detainees booked into a specific facility. The report includes the last and last and last visit dates. This								
78.1435 Tele Radiology CXR Received Report V8	The Income Transcervical Line Productivity Report generates a 2 tab report that displays a summary and details regarding the types and numbers of visits being completed by staff. The 1st tab's 2 summary will include the number of visits by tab and by specific provider. The 2nd tab includes the provider, visit type, visit date, and duration of visits. This report includes data on								
79.1436 Unreported Chart Review	all detainees regardless of custody status. The Rescheduled Appointment List generates a list of all appointments that have been rescheduled. The report includes the visit type, initial visit date, new visit date, and who modified the date and modified on. This report								
80.1437 Detained List	This report includes data on all detainees regardless of custody status.								
81.1438 Current Sick Chronic Care List	The Tele Radiology CXR Received Report V8 generates a list of all CXR's transmitted to Vitak with reports being received back. There must be a report transmitted back from Vitak for it to appear on the report. The report includes the received date, date entered and collection								
82.1439 Current Sick Chronic Care List	date. This report includes data on all detainees regardless of custody status.								
83.1440 Historical Sick Chronic Care List	The Current Sick Chronic Care List report generates a list of all detainees who were on ICE's watchlist a scheduled ICE Group and if there is a SIM sheet placed on the detainee record. This report includes data only on detainees that are currently in custody.								
84.1441 Historical Sick Chronic Care List	The Historical Sick Chronic Care List report generates a list of all detainees who have an ICE watchlist a								
85.1446 Hunger Strike Report V2	scheduled ICE Group and if there is a SIM sheet placed on their record. This report includes data only on detainees that are currently in custody. The Hunger Strike Report generates a list of all detainees who enter who have been on hunger strike. The report is based on specific questions found in the Hunger Strike Report template.								
86.1452 Managed Care Productivity Report	This report includes data on all detainees regardless of custody status.								
87.1446 Ex Sign and Review Detail	The Managed Care Productivity Report generates a summary and/or detail listing of all users who approved/reject referrals and the different types of referrals. The report includes the user, total referrals approved/rejected, average referral approval interval, and referrals by category. This report also includes Scott Cary Hatcher's definition								
88.1448 Birth Skill Report	and approved/rejected status. This report includes data on all detainees regardless of custody status. The Ex Sign and Review Detail report generates a list of all notes that have been co-signed/reviewed by security role. The report includes the security role, encounter date, sick type, reviewer,								
89.1449 Birth Skill Report	and review date. This report This report includes data on all detainees regardless of custody status.								
90.1449 Workload Analysis by CPT	The Birth Skill Report generates a list of detainees who should potentially be on the Skill list maintained by ERA HQ. This report includes data obtained from the MH Tag and MH Questionnaire. This report includes data on all detainees regardless of custody status.								
91.1454 PPD Report	The Workload Analysis by CPT report generates a list of all visits and CPT codes based on various filters on the prompt page. This report includes columns that are selected on the prompt page. This report includes data on all detainees regardless of custody status.								
92.1455 Reschedule Accommodation Report	The PPD Report generates a list of all PPD's entered. The report includes the place they were read,								
93.1456 Injectra Related Diagnosis	the date read, and the person who read the PPD. This report includes data on all detainees regardless of custody status. The Reschedule Accommodation Report generates a list of all detainees that have an ICD-10 code from a predefined ICD Group. The report includes the visit date, visit type, and diagnosis. This report includes data on all detainees regardless of custody status. Note:								
94.1458 Injectra Provider Report	This report does produce manual input errors for values are not listed in ICD codes. Detainee with ICD-9 codes are excluded on this report.								
95.1459 Inactive Provider Report	The Injectra Related Diagnosis report generates a list of all detainees that have an ICD code from a predefined ICD Group. The report includes the visit date, visit type and diagnosis. This report includes data on all detainees regardless of custody status.								
96.1460 Detainee Appointments Report	The Inactive Provider Report generates a list of report tasks that are assigned to inactive providers. The report includes unlocked visits, TB's, actions, chart reviews, documents pending review, and tickets. This report								
97.1461 Telephone Encounters	includes data on all detainees regardless of custody status.								
98.1461 Claims Coding Report	The Detainee Appointments Report generates a list of all visits that have been deleted. The report includes the date of deletion, user, visit type and visit date. This report includes data on all detainees regardless of								
99.1462 Claims Productivity Report	custody status.								
100.1471 Cancelled Visits with Notes	The Telephone Encounters report generates a listing of all telephone encounters by creation date. The report includes answer by, date, reason, assigned to, status, date locked and locked user. This report includes data on all detainees regardless of custody status.								
101. Minor Detainees who Pt. Addl. Min IACC. 100+ ICE appointments Scheduled V2	The Claims Coding Report generates a list of all locked visits, codes entered on the visit by the coder, visit date and codes entered by the provider on the note. The Claims Productivity Report generates a listing of all claims which has processed sets to one of three questions answered during the intake and PE visits regarding violence toward others, having								
102. Detainees with PE, Addl. Min IACC. 100+ ICE appointments Scheduled V2	a history of committing/attempting others or if they have ever sexually assaulted anyone. This report includes the detainee name/#, housing area, facility where the detainee is housed, up to any of the 3 questions, and answer to								
103. Detainees with HTN, Last BP	The Minor Detainees who Pt. Addl. Min IACC. 100+ ICE appointments Scheduled V2 report includes data on detainees who are currently in custody. The Detainees with HTN, Last BP Reading and Current Medications report generates a list of all detainees who have been at the same facility for 6 months or longer that have a diagnosis of HTN.								
104. Reading and Current Medications	The report includes the most current visit where a HTN code was assigned in the assessment, most current BP reading and the current medications. This report includes data on detainees that are currently in custody.								
105. 1277 PA, Immunization and MH	The PA, Immunization and MH IACC Compliance Report generates a multi-tabbed report. All tabs calculate a "Length of Time" to complete the specified visit type. The length of time is based on the Pre Screen visit completion date. Tab 1 shows any detainee that had a PA IC. Tab 2 shows any detainee that had an MH# and tab 4 shows any								
106. IACC Compliance Report	detainee that had a MH IACC. This report includes data on all detainees regardless of custody status.								
107. 1278 Detainees with No Rendering Provider Assigned	The Detainees with No Rendering Provider Assigned generates a list of any detainee that does not have a "Rendering Provider" assigned to them. This report includes data on detainees that are currently in custody.								
108. 1279 Rendering Provider with Diagnosis	The Rendering Provider with Diagnosis report generates a list of detainees who have a rendering provider assigned, PE C visit date, last CA visit date, pending CA visit date and all diagnosis from the Problem List. This report includes data on detainees that are currently in custody.								
109. Detainees who PE, Addl. Min IACC. 100+ ICE appointments Scheduled V2	The Nursing Detainees report generates a list of any detainee that has answered yes to "Are you currently breastfeeding". The date range on the prompt page is based on the encounter date when the detainee answered. Yes. This report includes data on all detainees regardless of custody status.								
110. Annual PE Scheduled	The ADA Detainees without Initial or Annual PE Scheduled report is a 2 tab report. The 1st tab list the detainees that have a completed intake visit but no PE is scheduled. The 2nd tab lists all detainees that have had an Initial PE or Annual PE (name to prompt) if scheduled. The 1st tab lists all detainees that are at a custody stat at day 350 and will need a PE within 21 days. This report includes only data on detainees that are currently in custody.								

TT Group	HAMRS Testing	Verification Test Methods (Analysis, Demonstration, Inspection, Test)		Pass/Fail	FOC UAT Pass/Fail	FOC UAT NOTE	Harris Disposition of FOC UAT Results (ACR74)	Additional Information (Provided by ICAM for operational context for some features)
		Analysis						
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Desired Features: Primary= 1 Secondary= 2 Tertiary= 3 Other = 4	Reference material Is this feature being offered within the Base Period - operational in all sites within 12 months of contract award?	Reference material If the feature is offered within the Base Period and is part of an existing product you should provide reference to an area within a product manual? (This will be informational only and will not be considered in the evaluation process)	Status	Sprint	Rank Priority	Release #	Req't Source and Section #	Design Element Reference and Element # (Design Document Reference/Section)

Physical Software Module Name	Notes	Comments/Approach	RTM Issue	Delivery/Event Change from RTM 1.2 (fill in blue Column)	FSO RESPONSE (fill in blue Column)	RTM 1.2 (fill in blue Column)	Suggested fill in office Bluebeil (fill in blue Column)	Test/Demonstration comments (fill in blue Column)

ATTACHMENT 11

Office of Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536

U.S. Immigration and Customs Enforcement

SEP 29 2016

MEMORANDUM FOR: All Field Office Directors, Deputy Field Office Directors, Assistant Directors, and Deputy Assistant Directors

FROM: Thomas Homan
Executive Associate Director

SUBJECT: Authorized Firearms for Enforcement and Removal Operations

Purpose:

To provide guidance and clarification on certain items within the Interim U.S. Immigration and Customs Enforcement (ICE) Firearms Policy. This memorandum will provide guidance for armed personnel within Enforcement and Removal Operations (ERO).

Background:

The Interim ICE Firearms Policy requires the Director of the operational programs to determine which firearms listed in Appendix 1, ICE Approved Firearms and Intermediate Force Devices, may be carried by armed personnel within their program. ERO has been working with the Office of Firearms and Tactical Programs (OFTP) to bring forth new firearms technology that will better serve the needs of the armed workforce. The changes reflected in this memorandum are intended to immediately address specific operational requirements based on information received from the field.

This memorandum supersedes the ERO firearms authorization memorandum dated February 1, 2016, "Authorized Firearms for Enforcement and Removal Operations." Remaining superseded memoranda include the January 21, 2016 "Authorized Firearms for Enforcement and Removal Operations," February 19, 2013, "Authorized Firearms for Enforcement and Removal Operations," the April 30, 2012, "Authorized Firearms for Enforcement and Removal Operations," and the August 18, 2011, "Authorized Firearms for Enforcement and Removal Operations."

Discussion:

ERO armed personnel are authorized to carry the following ICE-issued or approved, personally owned handguns on or off duty:

1. Sig Sauer P229 (.40)
2. Sig Sauer P226 (.40)
3. Sig Sauer P239 (.40)

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 327 of 1402

4. HK USP .40 Compact LEM
5. HK P2000 (.40)
6. HK P2000SK (.40)
7. Glock 17 (9mm)
8. Glock 19 (9mm) (Gen. 3 or 4)
9. Glock 26 (9mm)
10. Glock 43 (9mm)
11. S&W 5-shot revolvers ("J-Frames") in .38 +P/.357

All ERO armed personnel are authorized to carry any of the above firearms as a primary or a secondary and/or back up firearm on or off duty as described in Part 1 C of the Interim ICE Firearms Policy. The S&W 5-shot revolver and the Glock Model 43 9mm handgun shall not be used as a primary firearm for any planned law enforcement action.

This memorandum authorizes active ERO Special Response Team (SRT) members to carry the FNH MK16 rifle during SRT deployments and other enforcement operations performed as part of their normal duties.

ERO armed personnel are authorized to carry the following ICE-issued shoulder-fired and specialty firearms:

1. Remington 870 12 Gauge Shotgun
2. Colt M4 and M16A2 (.223)
3. HKMP5 (9mm)

Field Office Directors are expected to determine which of the above-listed shoulder-fired weapons are appropriate for operations within their areas of responsibility, considering officer and public safety concerns and in accordance with the Interim ICE Firearms Policy.

When making a decision to purchase personally owned firearms for official use, ERO personnel should recognize that ICE may amend or rescind the approved, personally owned firearms list at any time. In the event that an armed ERO employee wishes to place one of the approved firearms into service, the employee must follow the procedures outlined in the "ICE Guide to Personally Owned Handguns Approved for Official Use," which is located on the Office of Firearms and Tactical Programs website.

If you have any questions regarding ICE authorized firearms, please contact Bert Medina, Assistant Director, Office of Firearms and Tactical Programs at (202) 732-3006 or bert.medina@ice.dhs.gov.

ATTACHMENT 12

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ICE Policy System

OFFICE OF PRIMARY INTEREST: Director of Operations (National Firearms and Tactical Training Unit)

DISTRIBUTION:	ICE
DIRECTIVE NO.:	70001.1
ISSUE DATE:	02/04/2005
EFFECTIVE DATE:	02/04/2005
REVIEW DATE:	02/04/2008
SUPERSEDES:	see section 3

DIRECTIVE TITLE: **ICE Body Armor Policy**

1. PURPOSE and SCOPE. To establish the U.S. Immigration and Customs Enforcement (ICE) policy for the use of personal protective soft body armor (body armor) and identify related management and employee responsibilities. This directive applies to all components of ICE with armed officers.

2. AUTHORITIES/REFERENCES.

2.1. Statutory and Regulatory Authority

8 USC 1103

2.2. ICE Policy

Interim ICE Firearms Policy (July 7, 2004)

Interim ICE Use of Force Policy (July 7, 2004)

2.3 National Institute of Justice Reference Documents

Ballistic Resistance of Personal Body Armor (NIJ Standard 0101-03 and 0101-04 and amendments)

Selection and Application Guide to Personal Body Armor (NIJ Guide 100-01 and 100-98, and amendments)

3. SUPERSEDED/CANCELLED POLICY/SUMMARY OF CHANGES. This directive supersedes previous legacy policies, issuances and previously recognized processes for soft body armor for all ICE offices with armed officers.

4. DEFINITIONS.

4.1. **Body Armor** - A protective garment designed to stop a variety of standard handgun projectiles. The armor is not designed to stop all projectiles, especially those fired from high-caliber rifles. Unless rated as stab resistant, this armor is not designed to prevent injury from sharp or cutting or piercing-type weapons. No body armor is designed as a replacement for common sense, good judgment and proper street survival procedures and tactics.

4.2. **Technology Standards for Body Armor** – The Law Enforcement and Corrections Standards and Testing Program (LECSTP) is sponsored by the Office of Science and Technology of the National Institute of Justice (NIJ), Department of Justice (DOJ). The LECSTP is an applied research effort that determines the technological needs of justice systems agencies, sets minimum performance standards for specific devices, tests commercially available equipment against those standards and disseminates the standards and the test results to criminal justice agencies nationally and internationally. The NIJ reference documents for this policy are listed in the Authorities section and are as follows: Ballistic Resistance of Personal Body Armor (NIJ Standard 0101-03 and 0101-04) and Selection and Application Guide to Personal Body Armor (NIJ Guide 100-01 and 100-98), to include amendments.

5. POLICY.

5.1. All ICE employees authorized to carry firearms as a condition of employment shall be issued protective body armor. New employees will be fitted for body armor during their initial training at the Federal Law Enforcement Training Center (FLETC) or as specified by ICE. Replacement of expired or damaged body armor in the field shall be coordinated with the designated official for that operational component, most often the Senior Firearms Instructor (SFI).

5.2. The ballistic resistance performance standard for protective body armor requires a minimum of threat level type IIA protection, with side panel coverage, and must meet the current NIJ standards.

5.3. All ICE armed officers are strongly encouraged to wear their issued body armor while performing law enforcement duties. When not being worn, body armor should be readily accessible in the vehicle or building where the officer is working. When away from the vehicle or building, the ICE armed officer does not have to carry the body armor, unless instructed by a supervisor.

5.4. All Federal Protective Service (FPS) armed uniformed officers shall wear their issued body armor while in the performance of their law enforcement duties. When in a non-uniform status or not being worn, body armor should be readily accessible in the vehicle or building where the officer is working. When away

from the vehicle or building, the ICE armed officer does not have to carry the body armor, unless instructed by an FPS supervisor.

5.5. All Detention and Removal Operations (DRO) armed uniformed officers shall wear their issued body armor while in the performance of their law enforcement duties. When not being worn, body armor should be readily accessible in the vehicle or building where the officer is working. DRO armed officers performing administrative duties or duties inside a detention facility shall not be required to wear their issued body armor.

5.6. Due to their covert mission within the aviation environment, Federal Air Marshals shall wear issued body armor according to their internal guidance and procedures as established by the Director, Federal Air Marshal Service.

5.7. The wearing of body armor during normal operations is at the discretion of the employee, except during activities as specified in the Procedures Section of this directive and for FPS and DRO armed officers as stated above in sections 5.4 and 5.5.

5.8. All employees need to be aware of the health risks associated with the wearing of body armor in high-heat/high humidity conditions and/or during strenuous exertion. When employees are required to wear body armor, they shall be provided opportunities to rehydrate and remove the body armor as necessary.

5.9. ICE does not authorize the use of personally owned body armor for armed officers while functioning as ICE employees. Any exception to this requirement first must be approved by the director of the operational component and then by the Director of the National Firearms and Tactical Training Unit (NFTTU).

6. RESPONSIBILITIES.

6.1. The NFTTU is responsible for the development of all national policy and procedures, and exercises program management responsibility for the body armor program.

6.2. The NFTTU shall coordinate all research, testing, evaluation, procurement, distribution and destruction of body armor.

6.3. The SFIs are responsible for coordinating requests for body armor, ensuring training requirements are met and conducting inspections of all body armor as required by the NFTTU.

6.4. Supervisors are responsible for ensuring armed personnel under their supervision are issued body armor and that it has not exceeded its expiration date.

6.5. Supervisors are responsible for ensuring that all personnel issued body armor comply with the mandatory requirements for wearing body armor specified in the Procedures Section of this policy.

6.6. ICE officers are responsible for the proper care and inspection of the issued body armor in accordance with the manufacturer's recommendations and ballistic panel labeling.

6.7. ICE officers are required to attend, participate and complete all mandated body armor training as required by ICE and/or their operational component.

7. PROCEDURES.

7.1. The NFTTU will develop standard operating procedures to be used for the selection, procurement, issuance, accountability, replacement and disposal of all ICE-owned and issued body armor.

7.2. The NFTTU shall maintain the national inventory system for body armor. Unless otherwise identified by the NFTTU, the Firearms Inventory System (FIS) module in the Automated Management Information System is the national inventory system and will be the official system of record for the accountability, transfer and inventory of all ICE body armor.

7.3. The officer to whom the body armor is issued is responsible for electronically accepting it in the designated automated inventory system. Body armor should not be documented on any other ICE property record document other than for exigent circumstances and only as an interim hand receipt until FIS can be properly updated by the responsible officer(s).

7.4. A 100 percent body armor inventory shall be performed annually by all employees issued body armor in FIS. Responsible officials (supervisory personnel) shall ensure that the employees complete their annual inventory and verification process in FIS within 30 days of notification of the initiation of the inventory process. Employees who fail to complete their inventory and verifications within the specified 30 days may be subject to disciplinary action.

7.5. In the event that body armor is lost or stolen, it must be reported to the NFTTU via facsimile (814-946-9995) and FIS within 48 hours of discovery by the employee to whom it was issued. This FIS reporting requirement does not preclude any other reporting requirement(s) mandated by any other ICE policy or procedure. The stolen body armor information, with serial number, shall also be entered into the National Crime Information Center (NCIC) database.

7.6. The wearing of body armor by ICE armed officers is mandatory during the following activities:

7.6.1. Special Response Team (SRT) deployments when officers are part of an arrest, or operate as an entry or perimeter element;

7.6.2. Executing arrests in pre-planned situations. ICE officers working in an undercover capacity, or in support of another officer working in an undercover capacity, may be exempted from the requirement of wearing body armor stated in this section, if the wearing of the body armor presents a danger of being exposed as a law enforcement officer. This exemption pertains to officers who will be working in close proximity to violators and who may identify the officer as a law enforcement officer by noticing the body armor. In all cases, the exemption must be approved by a first-line supervisor prior to the operation;

7.6.3. Execution of high-risk search warrants until the premises are secured and cleared or at the discretion of the first-line supervisor;

7.6.4. Apprehension phases of air and marine interdiction operations;

7.6.5. Transportation, storage or destruction of seized narcotics, currency or other high risk or valuable commodity;

7.6.6. During normal operations for FPS and DRO officers, if armed, and in uniform as stated above in sections 5.4., 5.5. and 5.7.;

7.6.7. In emergency situations where ICE management determines there is an immediate threat to the safety of employees. In addition to the nature of the emergency situation, ICE management will also determine the duration of the emergency and, accordingly, the length of time that body armor must be worn; and,

7.6.8. During all DRO fugitive apprehension operations regardless of whether it is a formalized, preplanned operation or not. This does not include simple investigative inquiries when an apprehension is not anticipated by the DRO armed officer.

7.7. SFIs shall ensure that training is provided to each employee who is issued body armor. SFIs shall ensure that all training is documented in the appropriate system as identified by the NFTTU.

7.8. Body armor training covers the following:

- Circumstances/situations when body armor must be worn;
- Type of body armor that is necessary;

- Procedures to properly don, doff, adjust and wear body armor;
- Limitations of body armor;
- Proper care, maintenance and useful life of the body armor; and,
- Use of firearms while wearing body armor.

7.9. Employees shall notify their supervisor(s) of the need to replace worn, damaged or ill-fitting body armor should such a need be identified by the armed officer or SFI.

7.10. Body armor that is no longer serviceable will be physically and electronically transferred to the NFTTU for final disposition.

7.11. Expired body armor distributed prior to the utilization of the NFTTU automated system for inventory and accountability shall be physically transferred to the NFTTU for final disposition. The NFTTU shall furnish guidance for the manual transfer of body armor that is not documented in FIS.

7.12. Additional guidance or instructions regarding the identification, procurement, replacement, transfer, tracking and inventory of body armor may be issued by the NFTTU to address agency transition, reorganization and/or realignment.

8. NO PRIVATE RIGHT STATEMENT. This Directive is an internal policy statement of ICE. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable by any party against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

Approved _____
Michael J. Garcia
Assistant Secretary

ATTACHMENT 13

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

AUDLEY BARRINGTON LYON, JR., JOSÉ ELIZANDRO ASTORGA-CERVANTES, and NANCY NERIA-GARCIA , on behalf of themselves and all others similarly situated, *Plaintiffs*, v. UNITED STATES IMMIGRATION AND CUSTOMS ENFORCEMENT; SARAH SALDAÑA, Director of U.S. Immigration and Customs Enforcement; UNITED STATES DEPARTMENT OF HOMELAND SECURITY; JEH JOHNSON, Secretary of Homeland Security; and ADRIAN MACIAS, Acting Director of the San Francisco Field Office of U.S. Immigration and Customs Enforcement.[1] *Defendants.*	Case No. 3:13-cv-05878-EMC

SETTLEMENT AGREEMENT AND RELEASE

Plaintiffs in the above-captioned matter, on behalf of themselves and all Class Members, and Defendants U.S. Immigration and Customs Enforcement ("ICE"); Sarah Saldaña, in her official capacity as Director of U.S. Immigration and Customs Enforcement; United States Department of Homeland Security; Jeh Johnson, in his official capacity as Secretary of Homeland Security; and Adrian Macias, in his official capacity as Acting Director of the San Francisco Field Office of U.S. Immigration and Customs Enforcement, Enforcement and Removal Operations; by and

[1] Sarah Saldaña, Director, ICE, is substituted under Federal Rule of Civil Procedure 25(d) for Acting Director John Sandweg, who was originally named as an official-capacity Defendant in this Action. Adrian Macias, Acting Field Office Director, is substituted under Federal Rule of Civil Procedure 25(d) for former Field Office Director Timothy Aitken, who was originally named as an official-capacity Defendant in this Action.

through their attorneys, hereby enter into this Settlement Agreement and Release ("Agreement"), as of the date it is executed by all parties hereto (the "Agreement Date") and effective upon approval of the Court pursuant to Rule 23 of the Federal Rules of Civil Procedure as set forth below.

WHEREAS:

A. On December 19, 2013, Plaintiffs commenced a civil action against Defendants on behalf of themselves and all others similarly situated, captioned *Lyon et al. v. U.S. Immigration and Customs Enforcement, et al.*, United States District Court for the Northern District of California Case No. 3:13-cv-05878-EMC (the "Action") and sought class certification, designation of Class Counsel, and declaratory and injunctive relief.

B. On April 16, 2014, the United States District Court for the Northern District of California (the "Court") certified the proposed class under Federal Rule of Civil Procedure 23(b)(2). The Court defined the certified class as: "All current and future immigration detainees who are or will be held by ICE in Contra Costa, Sacramento, and Yuba Counties."

C. Plaintiffs moved to amend the class certification order and class definition on June 11, 2015, and the Court granted Plaintiffs' motion and modified the definition of the certified class on July 27, 2015. The Court endorsed the modified class definition pleaded in Plaintiffs' Supplemental Complaint: "All current and future adult immigration detainees who are or will be held by ICE in Contra Costa County, Kern County, Sacramento County, or Yuba County."

D. Defendants deny all liability with respect to the Action, deny that they have engaged in any wrongdoing, deny the allegations in the Complaint, deny that they committed any violation of law, deny that they acted improperly in any way, and deny liability of any kind to the Plaintiffs or Class Members, but have agreed to the settlement and dismissal of the Action with prejudice in order to: (i) avoid the substantial expense, inconvenience, and distraction of further protracted litigation, including trial and appeal; and (ii) finally put to rest and terminate the Action and any and all Settled Claims as defined in Section I.G.

E. Both Plaintiffs and Defendants, through counsel, have conducted discussions and arm's length negotiations regarding a compromise and settlement of the Action with a view to settling all matters in dispute.

F. Considering the benefits that the Plaintiffs and Class Members will receive from settlement of the Action and the risks of litigation, Class Counsel have concluded that the terms and conditions of this Agreement are fair, reasonable, and in the best interests of the Plaintiffs and Class Members; Plaintiffs have agreed that Defendants shall be released from the Settled Claims pursuant to the terms and provisions of this Agreement; and have agreed to the dismissal with prejudice of this Action and all Settled Claims as defined in Section I.G.

NOW, THEREFORE, it is hereby STIPULATED AND AGREED, by and among the parties to this Agreement, through their respective attorneys, subject to the approval of the Court pursuant to Rule 23(e) of the Federal Rules of Civil Procedure, in consideration of the benefits flowing to the parties hereto from the Agreement, that the Settled Claims shall be compromised, settled, forever released, barred, and dismissed with prejudice, upon and subject to the following terms and conditions:

I. DEFINITIONS:

Wherever used in this Agreement, the following terms have the meanings set forth below:

A. "Action" means the civil action captioned *Lyon et al. v. U.S. Immigration and Customs Enforcement, et al.*, Case No. 3:13-cv-05878-EMC, United States District Court for the Northern District of California.

B. "Effective Date of Settlement" or "Effective Date" means the date upon which this Agreement shall become effective, as set forth in Section VIII, below.

C. "Plaintiffs" means Audley Barrington Lyon, Jr., José Elizandro Astorga-Cervantes, and Nancy Neria-Garcia.

D. "Class Member(s)" means any current or future adult immigration detainee who, during the period of this Agreement, is or will be held by ICE in Contra Costa County, Kern County, Sacramento County, or Yuba County.

E. "Plaintiffs' Counsel" or "Class Counsel" means Julia Harumi Mass, Angélica Salceda, Christine Sun, and Michael Risher of the American Civil Liberties Union ("ACLU") of Northern California; Carl Takei of the ACLU National Prison Project; Robert Varian, Charles Ha, and Alexis Yee-Garcia of Orrick, Herrington & Sutcliffe LLP; and Megan Sallomi and Marc Van Der Hout of Van Der Hout, Brigagliano & Nightingale, LLP. Should these entities change their names or merge with other entities, those new entities shall also qualify as Class Counsel.

F. "Defendants" means United States Immigration and Customs Enforcement ("ICE"); Sara Saldaña, in her official capacity as Director of ICE; United States Department of Homeland Security; Jeh Johnson, in his official capacity as Secretary of Homeland Security; and Adrian Macias, in his official capacity as Director of the San Francisco Field Office of ICE, their predecessors and successors, their departments and agencies, and their past or present agents, employees, and contractors.

G. "Settled Claims" means all claims for declaratory or injunctive relief that were brought on behalf of Class Members based on the facts and circumstances alleged in the Complaint and First Supplemental Complaint including but not limited to claims that the telephone access afforded Class Members while in ICE custody violated Class Members' statutory rights and privileges under the Immigration and Nationality Act, 8 U.S.C. § 1101 *et seq*., including access to counsel and their right to present evidence in certain immigration proceedings; their rights to due process under the Fifth Amendment to the U.S. Constitution; and their rights to petition the government for redress of grievances under the First Amendment to the U.S. Constitution.

H. "Settlement" means the settlement provided for in this Agreement.

I. "Contra Costa" means West County Detention Facility in Contra Costa County, California.

J. "Yuba" means Yuba County Jail in Yuba County, California.

K. "RCCC" means Rio Cosumnes Correctional Center in Sacramento County, California.

L. "Mesa Verde" means Mesa Verde Detention Facility in Kern County, California.

M. "Facilities" means Contra Costa, Yuba, RCCC, and Mesa Verde.

N. "Housing Unit Phones" means the telephones located in or near housing units at the Facilities that Class Members may utilize for both Legal Calls and other telephone calls.

O. "Phone Rooms" means the telephone-equipped enclosed rooms at Yuba, Contra Costa, and Mesa Verde and the enclosed space ICE will add at RCCC to provide free, direct, and non-monitored telephones for the Plaintiff Class.

P. "Legal Calls" means calls to attorneys and calls to third parties to facilitate the gathering of evidence and obtaining legal advice and representation related to the class member's immigration case. Such third parties include but are not limited to: government agencies, courts, employers, businesses, organizations, and friends and

family members who may be testifying as witnesses, writing letters of support, and/or assisting the class member to find an attorney or obtain evidence.

Q. "Attorney Legal Call" means a Legal Call to an attorney regarding prospective, current, or past representation or for legal consultation. An Attorney Legal Call shall not require the attorney to have a G-28 on file for the detainee.

R. "Non-Attorney Legal Call" means any Legal Call other than an Attorney Legal Call.

S. "Positive Acceptance" means the requirement that for a telephone call to connect, the recipient must listen to a recorded message and take an affirmative step, typically pressing a particular key, to accept the call.

T. "Attorneys Performing Pro Bono Work" means any attorney who performs pro bono work as a part of their practice, and not just attorneys who exclusively perform pro bono work.

U. "Government Agencies and Offices" means federal, state, or local governmental agencies and offices that may facilitate the gathering of evidence for immigration-related proceedings and includes the following types of entities: California state courts, U.S. District Courts in California, the Ninth Circuit Court of Appeals, Federal and State Public Defender offices in California, major California Police, Sheriff, District Attorney, and Probation Departments, and northern California rehabilitation programs.

V. "Indigent Class Members" means Class Members who have had $15 or less on their commissary accounts for the previous ten days.

W. "Lockdown" means a restriction to cells or bunks during waking hours in response to a specific security incident; it does not include routine "free time" limitations at Contra Costa.

X. "Free Call" and "Free Calling" mean calls and calling where the call takes place at no cost to the caller and the recipient.

Y. "ICE DTS Provider Pro Bono Platform" means the Pro Bono Platform provided by ICE's Detainee Telephone Service ("DTS") Provider pursuant to a contract between ICE and the ICE DTS Provider. The current ICE DTS Provider is Talton Communications, Inc.

II. RELEASE: SCOPE AND EFFECT OF RELEASE

A. As of the Effective Date, the Plaintiffs and the Class Members, on behalf of themselves, their heirs, executors, administrators, representatives, attorneys, successors, assigns, agents, affiliates, and partners, and any persons they represent,

by operation of any final judgment entered by the Court, fully, finally, and forever release, relinquish, and discharge the Defendants of and from any and all of the Settled Claims. The foregoing release includes all claims for injunctive or declaratory relief, whether known or unknown, that could have been brought on behalf of Class Members at any time prior to the Effective Date. This Release shall not apply to claims that arise or accrue after the termination of this Agreement.

B. Defendants agree and acknowledge that this Agreement, and specifically this release, shall not impact any individual Class Member's (other than the named Plaintiffs') ability to bring a claim for monetary damages in his or her individual capacity arising from or related to injury suffered as a result of limitations or denial of telephone access while in ICE custody. Defendants also agree and acknowledge that this Agreement, and specifically this release, shall not impact any individual Class Member's (other than the named Plaintiffs') ability to argue (whether on a Petition for Review, motion to reopen, or other appeal, application, request for review of petition to modify such class member's order of removal or other immigration order) that limitations on telephone access in ICE custody affected such individual Class Member's immigration proceedings.

III. TELEPHONE ACCESS IN THE FACILITIES

A. Adding Free and Private Numbers to Housing Unit Phones

1. At Contra Costa, Yuba, and RCCC, the telephone numbers for certain Government Agencies and Offices and Attorneys Performing Pro Bono Work (as further identified in Paragraphs A.4 and A.5 below) shall be added to Free Call telephone platforms that enable Class Members to make Free Calls to these numbers from Housing Unit Phones without Positive Acceptance and without being recorded or monitored.

2. At Mesa Verde, the telephone numbers for certain Government Agencies and Offices and Attorneys Performing Pro Bono Work (as further identified in Paragraphs A.4 and A.5 below) shall be added to a database of telephone numbers that shall connect from the Mesa Verde Housing Unit Phones without Positive Acceptance and without being recorded or monitored. If technologically feasible, such numbers will also be Free Calls from the Mesa Verde Housing Unit Phones.

3. In addition to the Free Call platforms described in paragraphs A.1 and A.2, each of the Facilities shall enable Housing Unit Phones to make paid calls to attorney telephone numbers without Positive Acceptance and without being recorded or monitored. The attorney numbers shall be identified through the process described in paragraphs A.5, 6, 7 and 8.

4. Plaintiffs shall provide lists of Government Agencies and Offices and Defendants shall ensure their inclusion on the Free Call platforms and database described in paragraphs A.1 and 2 above. Plaintiffs shall specify no more than 10 rehabilitation centers for inclusion on each Facility's platform or database.

5. Attorneys may request that their phone numbers be added to the platforms and databases described in Paragraphs A.1, A.2, or A.3 by emailing the number and specific request to an email drop box to be provided by ICE. If an attorney requests to be added to the Free Call platforms, the attorney's telephone number shall be added to the platforms described in A.1 and A.2 if s/he is an Attorney Performing Pro Bono Work. If an attorney requests to be added to the no-Positive-Acceptance databases, the attorney's telephone number shall be added to the databases described in A.3 regardless of whether s/he is an Attorney Performing Pro Bono Work.

6. Attorneys may request that their phone numbers be removed from the platforms and databases described in Paragraphs A.1, A.2, or A.3 by emailing the specific request to the same email drop box to be provided by ICE.

7. The parties will work together to develop a notice to immigration attorneys practicing in the San Francisco Immigration Court to allow them to be added to the Free Call platforms and/or database of numbers not subject to Positive Acceptance and recording and/or monitoring. Class Counsel will reach out to organizations including American Immigration Lawyers Association, National Lawyers Guild, and/or Federal Bar Association to request use of their email listservs for this purpose

8. Class Members may submit attorney names and telephone numbers to ICE for addition to the platforms and databases described in paragraphs A.1, 2, and 3. If the attorney identified by the Class Member confirms that s/he wishes to be added, ICE shall add the attorney's telephone number to the platforms and databases described in paragraph A.1 and A.2 (provided the attorney accepts some pro bono immigration cases), or to the database described in paragraph A.3

9. Platforms and databases described in A.1, A.2, and A.3 shall be updated regularly, and no less than once a week, in response to requests under paragraphs A.5, 6, 7, and 8.

10. Platforms and databases described in A.1, 2, and 3 shall be able to connect to the telephone numbers for attorneys, Government Agencies and Offices regardless of whether the numbers are toll-free or regular area code numbers.

B. Extending and Eliminating Automatic Cut-Offs

1. ICE shall ensure that at Yuba and RCCC, Housing Unit Phone automatic cut-offs are extended to 40 minutes.
2. ICE shall extend the automatic cut-off of the ICE DTS Provider Pro Bono Platform calls to 60 minutes.
3. ICE shall ensure that the automatic cut-off of 20 minutes in the Yuba Phone Room is eliminated.
4. ICE reserves the right to impose time limits to facilitate equitable access based on demonstrated need in individual circumstances. Such time limits shall not be shorter than 20 minutes per call.

C. Installing Phone Booths in Housing Units

1. Subject to Paragraphs C.2 and C.3, ICE shall install phone booths in the common areas of the housing units where ICE detainees are held at each facility. Where a housing unit has no common area, a phone booth will be installed for Class Member use in a conveniently accessible location. A rendering of the specifications and measurements of the type of proposed phone booths is included as Exhibit A to this Agreement.
2. The phone booths shall provide sufficient privacy so that Legal Calls cannot be overheard by officers, facility staff, or other detainees. This privacy shall be afforded primarily by the physical characteristics of the booths and augmented by their placement within the housing units.
3. The ability of other detainees or staff to overhear muffled sounds without sufficient clarity to discern the caller's words or language does not render the call capable of being "overheard" for purposes of this Agreement.
4. ICE shall provide 40 phone booths, distributed as needed to provide equitable access to Class Members in each Facility.
5. ICE shall instruct the Facilities that, in periods of high demand, Class Members should have priority for use of the phone booths.
6. Class members shall be permitted to access the phone booths at any time during each individual Facility's waking hours (other than during count or lockdowns), subject to the provisions in the "Physical Access to the Housing Unit Phones" section, below.

D. Physical Access to Housing Unit Phones

1. Access to housing unit phones, including phone booths, shall be during waking hours (other than during count or lockdowns), which is anytime other than "lights out" at all four Facilities.
2. Class Members who want to use a phone booth but who are housed in areas where they are unable to access a phone booth without staff intervention

(including but not limited to segregation, subject to paragraph D.3 below) shall receive access to a phone booth (or other private area, as appropriate) within two waking hours of making a request. If the request is made at or before 3:00 p.m., the Class Member shall receive access to a phone booth or other private area within business hours on the day of the request. Further delays may be justified by a lockdown of unusual length or other extraordinary circumstances, but shall in all cases be documented and reported to ICE. Each Facility shall establish a process for such class members to notify the facilitator as needed to assist with calls. In some instances, the housing unit officer will contact the facilitator rather than having the Class Member directly contact the facilitator.

3. The above requirements apply fully to Class Members in segregation for administrative reasons. However, if a Class Member is in segregation for disciplinary reasons and restrictions have been properly imposed on that Class Member's general telephone calling privileges as part of the disciplinary process, the above requirements regarding access to phone booths or other private areas shall apply only to calls for personal or family emergencies, Legal Calls, or otherwise justified by a compelling need.

E. Phone Rooms

1. ICE and the Facilities shall provide one or more Phone Rooms for Legal Calls, including both Attorney Legal Calls and Non-Attorney Legal Calls, at each Facility. A class member may request an Attorney Legal Call from the Phone Room without first utilizing the Housing Unit Phones for particularly sensitive or lengthy legal consultations. To make a Non-Attorney Legal Call from the Phone Room, however, Class Members must first try to contact the intended call recipient from the Housing Unit Phones and be unsuccessful.
2. With respect to RCCC, the Phone Room(s) provided may consist of an enclosed room or another enclosed space (which may be a phone booth with seating or another type of enclosed space located in the RCCC law library). This shall ensure that Class Members can make free, direct, unrecorded and unmonitored phone calls without being overhead by officers, other Facility staff, or other Class Members or inmates of the Facility.
3. To accommodate interim Legal Call access at Contra Costa, whose system currently will not allow the suspension of Positive Acceptance for paid calls from housing unit phones and phone booths, ICE shall provide additional Phone Room access. This requirement can be met by providing private telephones without Positive Acceptance, such as phone booths equipped with the same telephone systems as the telephones in the Phone Rooms either in

the housing units or elsewhere in the Facility, as long as access to those telephones complies with the other provisions of this section.

4. ICE shall ensure that Class Members can use at least one of the telephones in the Yuba Phone Room without being overheard by officers, other staff, or other detainees. Options include changing Yuba's policy to limit use of the Phone Room to one person at a time and installing a phone booth within the Phone Room for one or both of the existing phones. Yuba Phone Room phones shall not include a Positive Acceptance feature or automated outgoing message.
5. Requests for Legal Calls will ordinarily be accommodated within eight facility waking hours and shall be accommodated within 24 hours. Further delays may be justified by extraordinary circumstances, but shall in all cases be documented and reported to ICE.
6. Phone Room calls shall be scheduled for 30 minutes unless a detainee specifies on his/her request form that a longer call will be needed. Facilities shall accommodate requests for calls longer than 30 minutes. ICE reserves the right to impose time limits on Phone Rooms in periods of high demand to facilitate equal access for all detainees, consistent with the other terms of this Agreement. Such time limits shall not be shorter than 20 minutes per call.
7. Each Facility shall modify its current request form for Class Members to request access to Facility Phone Rooms as follows: The form shall include a statement that Phone Room calls will be limited to 30 minutes unless the Class Member indicates that a longer call is required, a space for class members to request a particular time for Phone Room access and to indicate if more than 30 minutes will be needed, and spaces for Class Members to provide the name of the individual, agency or organization the Class Member seeks to contact and the telephone number the Class Member wishes to call.
8. Attorneys may request to schedule a Legal Call in a Phone Room through the on-site facilitators at each Facility or other Facility staff. Such requests shall be granted within the same time limits that apply to Class Member requests for Phone Room access as set forth in Paragraph E.5 above. Further delays may be justified by extraordinary circumstances, but shall in all cases be documented and reported to ICE.
9. The Facilities' advance vetting and scheduling of call requests shall be performed as follows:
    i. Advance vetting shall be limited to internet searches. Facilities shall not directly contact the individual/entity sought to be contacted in advance of the call, except to contact an attorney who requests to schedule a call with a Class Member.

ii. If an attorney requests to schedule a call with a Class Member, the Facilities shall coordinate with the attorney to schedule the call. For other calls, Facilities do not have to coordinate advance scheduling with call recipients. The Facilities shall, however, honor reasonable written requests for specific times for phone room calls (*e.g.*, detainee asks to make call after 3:30, when witness finishes work shift) when made with sufficient advance notice.

10. Facilities may do on-the-spot vetting in the presence of the Class Member caller to verify the call recipient and to confirm that the recipient is willing to take the call. The officer shall not reveal Class Members' custody status or location as part of the vetting.
11. If there is no answer, Class Members shall be permitted to leave voicemail messages from Phone Room phones. If the call recipient has an automated voicemail tree, Class Members shall be permitted to navigate that system to reach their intended call recipient, including making additional attempts if they are unsuccessful in their navigation of the system the first time.
12. Should requests for access to the Phone Rooms overwhelm availability, ICE may charge a non-indigent Class Member a nominal fee for Phone Room use to call recipients that are not on the Free Call platforms or database described in paragraphs A.1 and A.2. Such fees shall not exceed the rates charged to ICE by the then-existing ICE DTS provider, nor shall they exceed then-applicable FCC guidance regulating inmate telephone services.

F. Messaging

1. At a minimum, ICE shall continue to provide the same messaging services at Mesa Verde as are currently in existence.
2. RCCC, Yuba, and Contra Costa shall deliver legally-related messages, which will not be confidential and may be primarily through an email-based system, within 24 hours.
3. Emergency messages and urgent attorney messages shall be delivered as soon as possible, but in no case more than six Facility waking hours after receipt.

G. On-Site Facilitators

1. ICE and/or the Facilities shall designate one or more telephone access facilitators ("on-site facilitators") for each Facility. There shall be one facilitator on duty at each Facility Monday-Friday during normal business hours. A back-up on-site facilitator shall be trained and Phone Room access shall be provided by other Facility staff as needed to accommodate calls within Facility waking hours that are outside of normal business hours.
2. The on-site facilitator's primary duties shall be to ensure that class members have adequate access to Legal Calls consistent with the requirements of this

Agreement, including calls from the Housing Unit Phones, phone booth phones, and Phone Room phones.

3. The individuals who act as on-site facilitators may be assigned to limited other duties as long as such duties do not prevent the facilitators from facilitating class members' requests for Legal Calls in a timely manner.

H. Accommodations for Indigent Class Members

1. ICE shall provide accommodations for free Legal Calls to Indigent Class Members.
2. Indigence shall be determined at the time of the initial call request, and each subsequent request for additional time.
3. ICE shall provide accommodations to Indigent Class Members by either allowing extra access to Phone Rooms or by providing phone credit for Housing Unit Phones. Such phone credit shall be provided in amounts of at least 30 minutes per request.

I. International Calling

1. ICE shall provide international call access for Legal Calls to Class Members, during Facility waking hours, with advance notice and as set forth below.
2. If possible, international calling for Legal Calls will be made available through a Facility Phone Room in accordance with the procedures for accessing the Facility Phone Room in Section III.E.
3. If possible, free international calling for Legal Calls for Indigent Class Members will be made available in accordance with the procedures for Accommodations for Indigent Class Members in Section III.H.
4. If international calling for Legal Calls is not available through the Housing Unit Phones or Facility Phone Rooms in accordance with the above procedures, ICE shall accommodate requests for international Legal Calls in the Facility through other means. This may include providing a cell phone enabled with international calling through visiting ICE agents. If such other means are required, ICE will accommodate requests for international Legal Calls within no more than 72 hours of the request and will allow Indigent Class Members access to free international Legal Calls through these alternate means.
5. On the rare occasion that a Class Member presents a compelling need for international Legal Call access outside of facility waking hours (e.g. to contact a business or agency within country business hours that do not overlap with facility waking hours), ICE shall make reasonable accommodations to facilitate the Class Member's timely communication with that entity.

J. Three Way Calling

1. Upon request based upon a stated need, such as needing an interpreter to join a call, ICE shall facilitate three-way calls in the Facility where the detainee is housed or at the nearest ICE field office. ICE shall attempt to accommodate such calls at the Facility, if possible, before transporting a Class Member to the field office for such a call.

K. Notice to Plaintiff Class Members of Telephone Options

1. ICE and the Facilities shall ensure that Class Members are informed that they must contact an ICE officer or a Facility staff member *(*such as the on-site facilitator or the housing unit officer) if they have difficulty making a Legal Call.
2. An instruction sheet shall be printed and posted in at least English and Spanish, explaining all telephone access options, how to use the telephones and platforms available to ICE detainees, and how to make additional requests for telephone access, in clear, step-by-step instructions. The instruction sheet shall be posted in English and Spanish near the Facility phones. ICE and the Facilities shall instruct their officers to show the instruction sheet to any Class Member who requests assistance with making phone calls and explain its provisions.
3. Plaintiffs agree to produce a video that conforms to Americans with Disabilities Act standards, with content and format to be approved by ICE, to explain telephone access options available to Class Members. This video shall be shown regularly in the Facilities, such that newly-admitted Class Members are generally shown the video within one week of arrival.

L. Accommodations for Language Minorities

1. Facilities shall, if local resources are not adequate or available, use a language line to provide interpretation of telephone materials and instructions upon the request of any Class Member who is unable to read English or Spanish, not to include a full translation of the detainee handbook.
2. ICE shall post a notice near the Housing Unit Phones in the Facilities in the ten written languages most commonly used by respondents in the San Francisco Immigration Court, instructing individuals to ask the facilitator or housing unit officer for interpretation of telephone access instructions and assistance accessing telephones. The speed dial code for the ACLU of Northern California shall be included on this notice as a resource for reporting problems obtaining telephone access.
3. Class members attempting to call individuals who do not speak English and do not understand the prompts to accept a call from the Facility shall be

provided access to Phone Room calls in accordance with the Phone Room request process described in Section III.E.

IV. IMPLEMENTATION AND OVERSIGHT

A. Contracts with Facilities

1. The terms of this Agreement that describe requirements to be fulfilled by Facilities alone or in conjunction with ICE shall be specified in contracts between ICE and the Facilities.
2. ICE shall complete the contracting process and implement the requirements of the Agreement within one year of the Agreement's Effective Date. However, to the extent compliance with a particular requirement of the Agreement is impracticable (as that term is defined under federal common law), Defendants' failure to implement that requirement will not be a violation of the Agreement.
3. Within 30 days of determining it will not complete a contract with a Facility and at least 60 days prior to transferring class members from that Facility, in anticipation of contract cancellation, Defendants shall notify Class Counsel and the Parties shall meet and confer to provide adequate telephone access to the affected Class Members in the counties covered by this Agreement, possibly to include modifying the Agreement. If the Parties are unable to reach agreement, they shall refer the dispute to this Agreement's alternative dispute resolution process under the terms of the existing Agreement.

B. Compliance with contract terms shall be monitored by ICE Contracting Officer's Representative (COR) and Contracting Officer's Technical Representative (COTR), as well as by other ICE personnel visiting the facilities, who will report compliance/non-compliance to the COR/COTR. Failure to meet Settlement terms by the Facilities shall be treated as a contract deficiency and addressed through the cure process used by CORs/COTRs.

C. ICE shall require training of all local ICE personnel with duties related to detention management and oversight as well as Facility staff whose duties include supervising detainees or responsibilities related to detainee phone access in the Facilities. This training shall include the requirements of this Agreement, applicable ICE detention standards for telephone access, and the policies and procedures for implementation of this Agreement at the Facility/ies relevant to the particular individuals being trained.

D. Within 180 days of the Agreement's Effective Date, ICE shall modify forms used during weekly Facility Liaison Visits and the annual ERO Detention Management Division (G324A) audit (currently carried out by the Nakamoto Group, Inc.) to evaluate compliance with each of the following:

1. When a detainee requests a direct or free Legal Call to an attorney, court, or government agency or demonstrates a compelling need for other direct

or free calls, access is granted within 24 hours of the request and ordinarily within 8 facility waking hours. Further delays may be justified by extraordinary circumstances.

2. The facility documents and reports to ICE/ERO any delays in responding to requests for free or direct Legal Calls beyond 8 facility waking hours.
3. Detainees are provided private settings for Legal Calls such that calls cannot be overheard by officers, other staff, or other detainees.
4. The facility has a system for taking and delivering telephone messages to detainees, including but not limited to attorney messages, other messages related to a detainee's legal case, and emergency messages, and ensures the timeliness of such message delivery.
5. The facility provides translation and interpretation services to detainees who are unable to read written telephone access rules in the languages provided.
6. Detainees in segregation or other environments with limited physical access to telephones have reasonable and equitable access to telephones during waking hours (i.e., they can request telephone calls and receive them in a timely manner).

V. ENFORCEMENT AND MONITORING

A. Plaintiffs' counsel shall be provided with the following records within 45 days of the Agreement's Effective Date or 45 days of finalizing the particular record, whichever is later, to the extent such records are or were created after November 19, 2015, through the termination of this Agreement:

1. Amendments/modifications that relate to telephone access or other issues outlined in this Agreement to Facility contracts to which ICE is a party or authorized rider for Mesa Verde, RCCC, Contra Costa, and Yuba;
2. Amendments, modifications, or new contracts for ICE Detainee Telephone Service to the extent they are implemented at Mesa Verde (i.e., the contract currently held by Talton);
3. Any new contract for the Contra Costa jail account/phone management system, once awarded;
4. Any changes to Facility policies related to telephone access;
5. Any modified templates or forms of internal compliance instruments, worksheets, inspection reports, and similar documents that relate to telephone standards, telephone access, and/or the terms of this Agreement; and
6. Any revised orientation materials related to telephone access (unless Plaintiffs are involved in drafting orientation materials and therefore already have copies of the final orientation materials).

B. To the extent class members are relocated to different facilities within Contra Costa, Yuba, Sacramento or Kern County for more than 10 days, ICE shall meet and confer with Class Counsel to agree upon facility-specific provisions that may be necessary to effectuate the intent of this Agreement at the different facility.

C. During the terms of this Agreement, Class Counsel shall be provided with the following records:

1. Any Contract Discrepancy Reports (CDR) issued by the COTR to one of the four detention service providers concerning a facility's failure to correct a deficiency related to a provision of this Agreement.
2. The annual inspection report for telephone access by February 15th of the calendar year following the inspection of each Facility.
3. Records reflecting notifications from the Facilities to ICE of the Facilities' failure to accommodate a request for Phone Room access within 24 hours or phone booth access within 2 hours.

D. In addition, on request, Class Counsel shall be provided with the following documents covering a specified future month from a specified facility selected by Class Counsel, not to exceed six selections a year:

1. Detainee kites and grievances to ICE relating to telephone access (including responses); and
2. Weekly Telephone Serviceability Worksheets regarding that Facility.

E. ICE shall continue to conduct internal testing of Housing Unit Phones in accordance with its current telephone serviceability report procedures and any changes that are adopted pursuant to section IV.D of this Agreement.

F. ICE shall permit Class Counsel, with reasonable advance notice, to conduct interviews with Class Members once per year per Facility. ICE shall ensure that Facilities accommodate these interviews by providing Class Members a convenient way to indicate their interest in participating in the interviews and facilitating group or individual meetings between Class Counsel and willing Class Member participants. These interviews are in addition to, not a substitute for, any interviews that Class Counsel may schedule using each Facility's normal attorney meeting procedures.

VI. DISPUTE RESOLUTION PROCEDURES; CONTINUING JURISDICTION

A. The Court shall retain jurisdiction to supervise the implementation of this Agreement and to enforce its terms, and the terms of this Agreement shall be incorporated into the Order of the Court approving the Agreement.

B. The parties agree that the Court will not be asked to exercise jurisdiction to supervise the implementation of this Agreement or to enforce its terms until exhaustion of the following dispute resolution process:

1. Should Class Counsel believe in good faith that Defendants are engaging in a pattern or practice of non-compliance with requirements of this Agreement at a specific Facility or Facilities, Class Counsel shall promptly notify counsel for Defendants, in writing, of the specific grounds upon which non-compliance is alleged. If Class Counsel so request after providing notice of noncompliance with respect to a specific Facility, Defendants shall commence retention within three business days (72 hours, not including weekends and holidays) of the detainee kites and grievances to ICE from that Facility regarding telephone access, and the detainee kites and grievances to that Facility regarding telephone access, including Class Member requests contemplated under Section III of this Agreement. Document retention shall continue for fourteen (14) days. Defendants' counsel shall forward the documents to Class Counsel after a reasonable period of internal processing, not to exceed five business days, not including weekends and holidays, after the end of the 14-day retention period.

2. Within thirty (30) calendar days after receipt of the notice from Class Counsel, counsel for Defendants shall notify Class Counsel of Defendants' position and any action it has taken or intends to take in connection therewith. The parties shall negotiate in good faith in an effort to resolve any remaining disputes. The parties agree that this negotiation period will be considered exhausted if the parties jointly determine that negotiations have reached an impasse, or if either party invokes the formal meet-and-confer process under paragraph 3 of Section VI.B. of the Agreement.

3. If any dispute cannot be resolved informally under paragraphs 1 or 2 of Section VI.B. of the Agreement, counsel for either party may notify counsel for the opposing party by letter and request that counsel meet and confer. The parties shall meet within ten (10) calendar days of such notice in an attempt to arrive at an amicable resolution of the dispute.

4. The parties may refer any unresolved dispute to Magistrate Judge Ryu for mediation. If Magistrate Judge Ryu is no longer available or does not consent to serve as mediator, the parties may refer the unresolved dispute to another magistrate judge in the Northern District of California for mediation, if the parties mutually agree on the mediator and such mediator consents. If the dispute has not been resolved through mediation within 14 days, counsel may mutually agree to continue mediation or counsel may seek to enforce the Agreement through a motion in district court. Additionally, if the parties cannot agree on a mediator, if no mutually-agreed-on mediator consents, or if

the parties mutually agree to bypass mediation, counsel may seek to enforce the Agreement through a motion in district court.

5. If the parties do not reach resolution under the procedures of Paragraphs 1-4 of Section VI.B. of the Agreement, either party may then file a motion requesting that the district court resolve the dispute.

6. The parties agree that the mediation process described in Section VI.B of the Agreement shall be conducted confidentially and that no public disclosure shall be made regarding the mediation process at any time before, during, or after the mediation process, except that the final result of the mediation may be disclosed. All documents and information disclosed by either party during the mediation process shall not be admissible in any judicial proceeding. All statements or conclusions of the mediator shall not be admissible in any subsequent judicial proceeding.

C. The parties agree that any action or proceeding to enforce the terms of this Agreement shall be brought exclusively in the United States District Court for the Northern District of California. The Court in this proceeding shall have the power to award such relief and issue such judgments as the Court deems proper and appropriate.

VII. TERMS OF ORDER FOR NOTICE, HEARING AND FINAL JUDGMENT

A. Concurrently with their filing of this Agreement, Class Counsel shall apply to the Court for Preliminary Approval of the Settlement provided for in this Agreement and entry of a Preliminary Approval Order. Such Preliminary Approval will seek approval of a Notice to the Class substantially in the form appended hereto as Exhibit B, as well as a finding that the following satisfies the publication requirements of Rule 23 of the Federal Rules of Civil Procedure: Within ten (10) business days of the date of the Preliminary Approval, (i) posting the Notice to the Class and this Settlement Agreement in appropriate places on the ICE public website; (ii) providing the Notice to the Class and this Agreement to immigration attorneys in the San Francisco Bay Area through the local American Immigration Lawyers' Association and National Lawyers Guild listservs; (iii) providing the Notice to the Class and this Agreement in appropriate places on the website of the ACLU of Northern California; (iv) posting the Notice to the Class in all housing units in the Facilities where Class Members are housed, in an area prominently visible to immigration detainees; and (v) providing individual copies of the Notice to the Class to any Class Members who are housed in segregation, medical, holding, or other specialized units with restricted access to common areas during

Facility waking hours. The Notice to the Class and this Agreement shall remain posted, and shall be maintained or replaced with new copies as needed, until the Court issues an order finally approving or rejecting the Settlement. Class Counsel shall be responsible for meeting the notice requirements listed in (ii)-(iii) above and ensuring maintenance of such notice, and Defendant ICE shall be responsible for meeting the notice requirements listed in (i), (iv) and (v) above and ensuring maintenance of such notice. The parties shall request that Class Members be provided at least forty-five (45) days to submit objections to the Court after the Notice to the Class is posted and distributed.

B. If the Settlement contemplated by this Agreement is approved by the Court, counsel for the parties shall request that the Court enter a Final Judgment substantially in the form appended hereto as Exhibit C.

C. Within ten (10) business days following the Effective Date of Settlement, ICE shall provide the Notice of Final Settlement substantially in the form appended hereto as Exhibit D by posting it in all housing units in the Facilities where Class Members are housed, in an area prominently visible to immigration detainees, as well as providing individual copies of the Notice to the Class to any Class Members who are housed in segregation, medical, holding, or other specialized units with restricted access to common areas during facility waking hours. The Notice of Final Settlement shall remain posted, and shall be maintained or replaced with new copies as needed, until the obligations of this Agreement are terminated.

D. ICE shall post a Spanish language translation of both the Preliminary Notice and the Final Notice to the Class. Should Class Counsel provide to ICE translations in other languages, ICE shall post a notice informing Class Members that such translations are available. Class Counsel shall provide such notices in sufficient time to allow ICE to meet the posting requirements in Sections VII.A and C. of the Agreement.

VIII. EFFECTIVE DATE OF SETTLEMENT; TERMINATION

A. The Effective Date of this Agreement shall be the date when all of the following shall have occurred: (a) entry of the Preliminary Approval Order; (b) approval by the Court of this Agreement, following notice to the Class and a fairness hearing, as prescribed by Rule 23 of the Federal Rules of Civil Procedure; and (c) entry by the Court of Final Judgment, in all material respects in the form appended hereto as Exhibit C.

B. In the event that the Court does not approve the Agreement, or the Court's approval of the Agreement or the Final Judgment is reversed, vacated, or terminated on appeal, the parties' good-faith adherence to the terms of this Agreement prior to said reversal, vacatur, or termination shall not be considered unlawful.

C. This Agreement is subject to and contingent upon Court approval under Rule 23(e) of the Federal Rules of Civil Procedure. Defendants' Counsel and Class Counsel shall have the right to terminate this Agreement by providing written notice of their election to do so ("Termination Notice") to all other parties hereto within thirty (30) days of (a) the Court's declining to enter the Preliminary Approval Order or modifying that Preliminary Approval Order in any material respect; (b) the Court's declining to approve the Settlement embodied in this Agreement or any material part of it; (c) the Court's declining to enter the Final Judgment or modifying the Final Judgment in any material respect; or (d) the Court of Appeals or the United States Supreme Court's reversing, vacating, or modifying in any material way the Final Judgment.

E. Except as otherwise provided herein, in the event the Settlement is terminated or modified in any material respect or fails to become effective for any reason, then the Settlement shall be without prejudice and none of its terms shall be effective or enforceable; the parties to this Agreement shall be deemed to have reverted to their respective status in the Action as of the date and time immediately prior to the execution of this Agreement; and except as otherwise expressly provided, the parties shall proceed in all respects as if this Agreement and any related orders had not been entered. In the event the Settlement is terminated or modified in any material respect, the parties shall be deemed not to have waived, not to have modified, or not be estopped from asserting any additional defenses or arguments available to them.

IX. TERMINATION OF OBLIGATIONS

Unless earlier terminated by operation of Section VIII, the obligations of this Agreement shall terminate within five (5) years of the Effective Date.

X. NO ADMISSION OF WRONGDOING

A. This Agreement, whether or not executed, and any proceedings taken pursuant to it:

1. shall not be construed to waive, reduce, or otherwise diminish the authority of the Defendants to enforce the laws of the United States against Class Members,

consistent with the Constitution and laws of the United States, and applicable regulations;

2. shall not be offered or received against the Defendants as evidence of, or construed as or deemed to be evidence of, any presumption, concession, or admission by any of the Defendants of the truth of any fact alleged by the Plaintiffs or the validity of any claim that had been or could have been asserted in the Action or in any litigation, or the deficiency of any defense that has been or could have been asserted in the Action, or of any liability, negligence, fault, or wrongdoing of the Defendants; or any admission by the Defendants of any violations of, or failure to comply with, the Constitution, laws or regulations; and

3. shall not be offered or received against the Defendants as evidence of a presumption, concession, or admission of any liability, negligence, fault, or wrongdoing, nor shall it create any substantive rights or causes of action against any of the parties to this Agreement, in any other civil, criminal, or administrative action or proceeding, other than such proceedings as may be necessary to effectuate the provisions of this Agreement; provided, however, that if this Agreement is approved by the Court, Defendants may refer to it and rely upon it to effectuate the liability protection granted them hereunder.

XI. ATTORNEYS' FEES

As set forth below, within 65 days of the Effective Date, Defendants shall pay to Class Counsel the sum of $ 405,000 to settle and resolve Plaintiffs' claims to attorneys' fees and costs, if such award is approved by the Court.

A. The parties agree to the "Attorneys' Fee Settlement Amount" of $405,000, to avoid further litigation and costs associated litigating a fee and cost request and to avoid the risks attendant to such proceedings. Plaintiffs shall file a motion for fees under Fed. R. Civ. P. 23(h) and 54(d)(2)).

B. Defendants agree not to oppose a motion seeking a fee award of $405,000 or less.

C. If for any reason the Court awards an amount in excess of $405,000, Plaintiffs and Class Counsel expressly disclaim any and all right to collect the amount that exceeds $405,000 from any person or entity, and agree, upon demand, to execute a release of any person's or entity's obligation to pay such sums. In the event the Court awards Class Counsel less than $405,000, this Settlement Agreement shall

remain in full force and effect. Nothing in this Agreement waives or prevents Plaintiffs and Class Counsel from appealing an award of less than $405,000.

D. Subject to the foregoing provisions, Defendants shall deliver the Attorneys' Fee Settlement Amount to Class Counsel by direct wire transfer into Class Counsel's designated account. Class Counsel shall provide to Defendants all information necessary to accomplish the direct wire transfer into that account within five days of the Effective Date. Plaintiffs and Class Counsel acknowledge that payment of the Attorneys' Fee Settlement Amount by Defendants or any of them in accordance with the wire instructions shall resolve all of Defendants' liability for such amount.

E. Class Counsel shall be fully responsible for the allocation and payment of the Attorneys' Fee Settlement Amount among themselves.

F. Defendants' payment of the Attorneys' Fee Settlement Amount shall satisfy any claims by Plaintiffs' Counsel and/or Class Counsel for attorney fees and costs related to and for the Action, including any fees and costs that may be incurred by Plaintiffs' Counsel and/or Class Counsel in the course of monitoring the implementation of this Agreement (except as set forth in Paragraph G). Plaintiffs, Plaintiffs' Counsel, and Class Counsel, and their heirs, executors, administrators, representatives, attorneys, predecessors, successors, assigns, agents, affiliates, and partners, and any persons they represent, by operation of any final judgment entered by the Court, fully, finally, and forever release, relinquish, and discharge the Defendants of and from any and all claims for attorney fees and costs related to and for the Action, including any fees and costs that may be incurred in the course of monitoring the implementation of this Agreement (except as set forth in Paragraph G).

G. In the event that Class Counsel seek to enforce the terms of the Agreement pursuant to Section VI.C., nothing in this Agreement shall be interpreted as precluding Plaintiffs from seeking attorneys' fees and costs solely for such enforcement action.

H. If either party terminates the Agreement under Section VIII.C because the Court of Appeals or the United States Supreme Court reversed, vacated, or modified in any material way the Final Judgment after the Effective Date, Plaintiffs agree that Class Counsel shall return the Attorneys' Fee Settlement Amount, plus any interest earned, to Defendants upon final resolution of the appeal. Final resolution of the appeal occurs when all appellate remedies, including petitions for rehearing, petitions for rehearing *en banc*, and petitions for certiorari or any other form of review, have been finally disposed of in a manner that allows for termination of the Agreement.

XII. ADDITIONAL PROVISIONS

A. This Agreement, and the obligations incurred herein, shall be in full and final disposition of the Action with prejudice, including any and all Settled Claims against Defendants. On the Effective Date, Plaintiffs and Class Members shall be deemed to have fully, finally, and forever released, relinquished, and discharged Defendants of and from any and all Settled Claims in accordance with Part II.

B. All of the exhibits attached hereto are hereby incorporated by reference as though fully set forth herein.

C. This Agreement may not be modified or amended, nor may any of its provisions be waived except by a writing signed by all parties hereto or their successors-in-interest.

D. The waiver by one party of any breach of this Agreement by any other party shall not be deemed a waiver of any other prior or subsequent breach of this Agreement.

E. This Agreement and its exhibits constitute the entire agreement among the parties hereto concerning the Settlement of the Action, and no representations, warranties, or inducements have been made by any party hereto other than those contained and memorialized in such documents.

F. This Agreement may be executed in one or more counterparts. All executed counterparts and each of them shall be deemed to be one and the same instrument provided that counsel for the parties to this Agreement shall exchange among themselves original signed counterparts.

G. This Agreement shall be binding upon, and inure to the benefit of, the successors and assigns of the parties hereto.

H. This Agreement shall not be construed more strictly against one party than another merely by virtue of the fact that it, or any part of it, may have been prepared by counsel for one of the parties, it being recognized by the parties that this Agreement is the result of negotiations between the parties and that all parties have contributed substantially and materially to the preparation of this Agreement.

I. All counsel and any other person executing this Agreement and any of the exhibits hereto, or any related settlement documents, warrant and represent that they have the full authority to do so and that they have the authority to take appropriate action required or permitted to be taken under the Agreement to effectuate its terms.

J. Class Counsel and Defendants' Counsel agree to cooperate fully with one another in seeking Court approval of this Agreement and to promptly agree upon and execute all such other documentation as may be reasonably required to obtain final approval by the Court of the Settlement.

For and on behalf of Defendants:

EXECUTED this __ day of _____, 2016.

_____

Katherine J. Shinners,
Trial Attorney, District Court Section
Office of Immigration Litigation
Civil Division
United States Department of Justice
P.O. Box 868, Ben Franklin Station Washington, D.C. 20044

Counsel for Defendants

For and on behalf of Plaintiffs and the Class:

EXECUTED this __ day of _____, 2016.

_____

Julia Harumi Mass, Esq.
American Civil Liberties Union
of Northern California, Inc.
39 Drumm Street
San Francisco, CA 94111
415-621-2493
415-255-8437 (fax)
jmass@aclunc.org

_____

Robert P. Varian
Orrick, Herrington & Sutcliffe LLP
405 Howard Street
San Francisco, CA 94105
415-773-5700
415-773-5759 (fax)
rvarian@orrick.com

_____

Carl Takei
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National Prison Project
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Washington, DC 20005
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202-393-4931 (fax)
ctakei@aclu.org

Counsel for Plaintiffs

_____

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& Nightingale LLP
180 Sutter Street, Suite 500
San Francisco, CA 94101
415-981-3000
415-981-3003 (fax)
MV@vblaw.com

For and on behalf of Defendants:

EXECUTED this __ day of _____, 2016.

Katherine J. Shinners,
Trial Attorney, District Court Section
Office of Immigration Litigation
Civil Division
United States Department of Justice
P.O. Box 868, Ben Franklin Station Washington, D.C. 20044

Counsel for Defendants

For and on behalf of Plaintiffs and the Class:

EXECUTED this 10th day of June, 2016.

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415-981-3003 (fax)
MV@vblaw.com

For and on behalf of Defendants:

EXECUTED this 13th day of June, 2016.

Katherine J. Shinners,
Trial Attorney, District Court Section
Office of Immigration Litigation
Civil Division
United States Department of Justice
P.O. Box 868, Ben Franklin Station Washington, D.C. 20044

Counsel for Defendants

For and on behalf of Plaintiffs and the Class:

EXECUTED this __ day of _____, 2016.

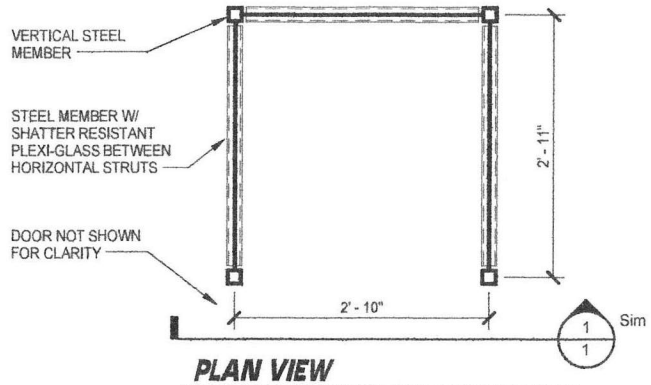
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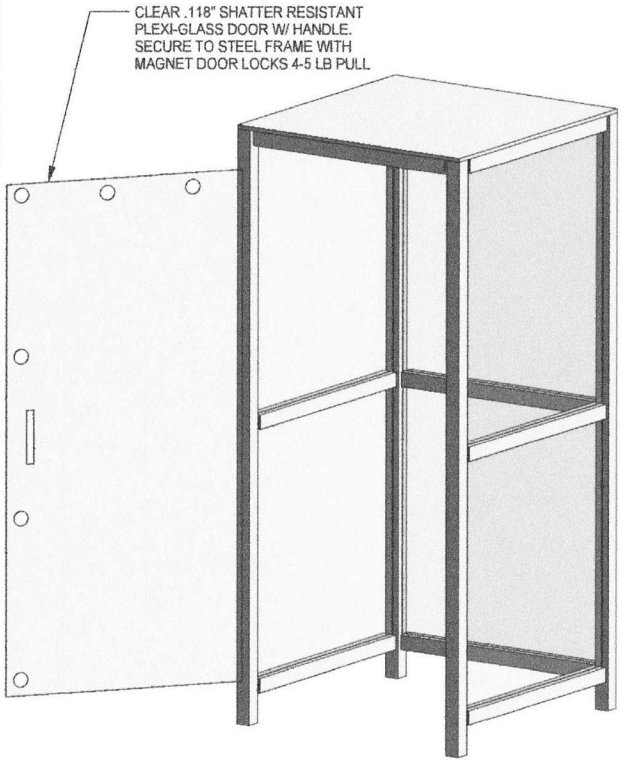
EXHIBIT A



1 / 1 Sim

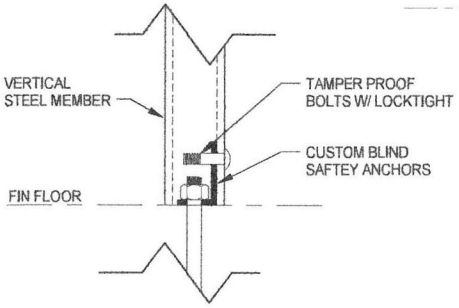
PLAN VIEW

3/4" = 1'-0"



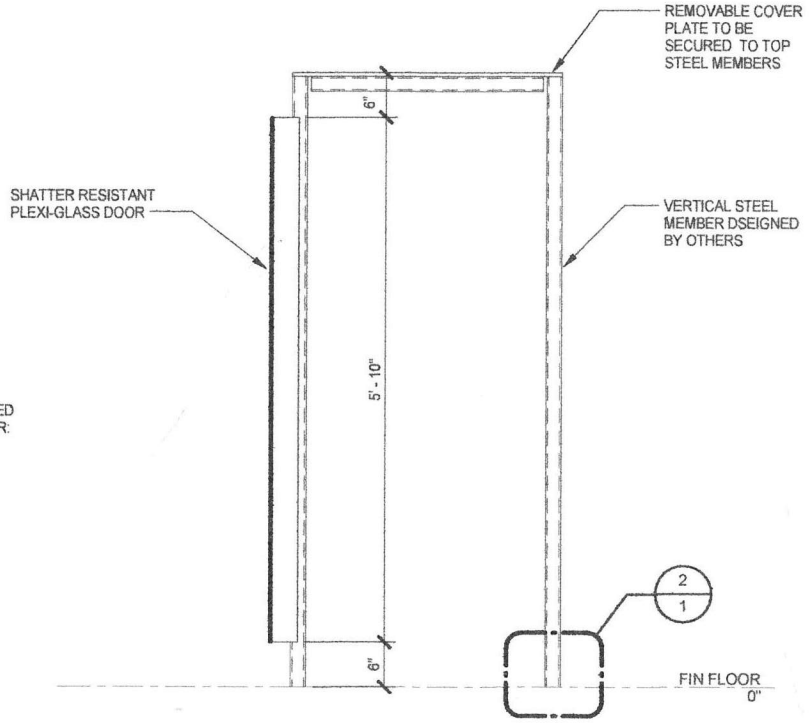
GENERAL NOTES

NOTE:
1. FRAME SHALL BE PAINTED WITH AN ALKYED ENAMEL PAINT. COLOR CHOICE BY OWNER:
   -BLACK
   -GREY
   -YELLOW
   -RED
   -HAMMERTONE
   -COPPER



2 / 1 1 **DETAIL**

3" = 1'-0"



1 / 1 1 **ELEVATION**

3/4" = 1'-0"

PHONE BOOTH

SHEET 1

EXHIBIT B

NOTICE OF PROPOSED SETTLEMENT REGARDING TELEPHONE ACCESS IN IMMIGRATION DETENTION

LYON, ET AL. V. U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT ET AL.,
Case No. 3:13-cv-05878-EMC
IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

TO: All current and future adult immigration detainees who are or will be held by ICE in Contra Costa County, Kern County, Sacramento County, or Yuba County.

Purpose of this Notice

This notice has three purposes: 1) to tell you about the proposed settlement and the fairness hearing in this class-action lawsuit; 2) to tell you how to obtain more information, including a copy of the full proposed settlement agreement; and 3) to explain how you may object to the proposed settlement if you disagree with it.

Background on the Lawsuit

This class action lawsuit asserts that U.S. Immigration and Customs Enforcement (ICE) does not provide adequate telephone access for immigration detainees housed in Contra Costa West County Detention Facility, Yuba County Jail, Rio Cosumnes Correctional Center (RCCC), and Mesa Verde Detention Facility (collectively, the Facilities). Specifically, the lawsuit asserts that ICE is violating the statutory and constitutional rights of immigration detainees because the telephone access conditions in the Facilities: (1) prevent detainees from retaining and communicating effectively with lawyers, and (2) prevent detainees from gathering evidence to present in immigration-related proceedings. The lawsuit seeks changes to ICE and Facility policies; it does not ask for money damages.

Class Counsel (representing the interests of detainees in the Facilities) and ICE's attorneys have negotiated a settlement. The Court has given preliminary approval to this settlement, and the next step is for the Court to consider any comments and objections from class members. A hearing has been scheduled for _____, 2016, at _____.m. before the Honorable Edward M. Chen of the United States District Court for the Northern District of California in Courtroom 5 – 17th Floor at the San Francisco Courthouse, 450 Golden Gate Ave., San Francisco, California. At this hearing, the Court will consider whether the proposed settlement is fair, reasonable, and adequate. The Court will then either approve the settlement or order the parties to continue litigating.

Description of the Proposed Settlement Agreement

Below is a summary of the key points in the settlement agreement. To get a copy of the full agreement, see the section entitled "For Further Information" after this summary.

1. **There will be more ways to make legal calls from housing unit phones and new phone booths for privacy in housing units.**

    a. **ICE will add speed-dials to make free, direct, unmonitored calls to more government offices and some attorneys from the housing unit phones.** ICE will set up more speed-dial numbers (similar to ICE's pro bono platform) that will connect without needing a live person to answer and accept the call, that will not be recorded or monitored, and that will be cost-free for the caller and recipient. These numbers will include police departments, probation departments, state and federal courts, and rehabilitation centers as well as attorneys who provide a mix of paid and pro bono immigration representation and have requested to be added to the platform.

    b. **ICE will create a list of attorneys who can be called without needing a live person to answer.** ICE will allow attorneys (including those who only provide paid representation) to receive calls from the housing unit phones without needing a live person to answer the telephone. These calls will not be recorded or monitored.

    c. **ICE will install phone booths in and around housing units for case-related telephone calls.** ICE has agreed to install a total of 40 phone booths that will be distributed among the four Facilities. These phone booths will operate like the housing unit phones, but with more privacy.

    d. **ICE will ensure access to phone booths.** Except during count and lockdowns, detainees will be able to use phone booths any time during waking hours (including non-free time at Contra Costa). Detainees who are housed in places where they need staff to escort them to a phone booth, such as segregation, will receive access within two waking hours of making a request, absent extraordinary circumstances (which must be reported to ICE). For detainees in disciplinary segregation whose discipline includes limits on telephone access, these requirements apply only to personal or family emergencies, Legal Calls, or calls that are otherwise justified by a compelling need.

    e. **ICE will extend automatic cut-offs for telephone calls.**
        i. *Yuba:* Cut-offs for the housing unit phones will be extended from 20 minutes to 40 minutes, and there will be no automatic cut-off in the Yuba phone room.
        ii. *RCCC:* Cut-offs for the housing unit phones will be extended from 20 minutes to 40 minutes.
        iii. *All Facilities:* The automatic cut-off for calls from ICE's pro bono platform will be extended to 60 minutes.
        iv. Based on demonstrated need in individual circumstances, ICE may impose time limits on telephone calls to ensure everyone has access.

2. **There will be more ways to make legal calls from private phone rooms.**

    a. **Immigration detainees will be allowed to use private phone rooms for legal calls, including calls to non-attorneys.**
        i. *In general:* These calls will not be recorded or monitored, and will not require a live person to answer. When connecting the call, Facility staff or ICE personnel can check the call recipient's name and ask if the call recipient agrees to speak to the caller, but cannot announce the detainee is calling from a jail or detention facility. If nobody answers, the caller will be able to leave voicemail messages and navigate automated answering systems that require dialing an extension.
        ii. *Calls to attorneys:* Immigration detainees will be able to call attorneys from these phones for long calls or calls that need extra privacy. Also, attorneys may request calls be scheduled at particular times.
        iii. *Calls to non-attorneys:* Immigration detainees will be able to call non-attorneys from these phones if the call is case-related (for example, to request a supportive letter or to get help obtaining documents) and the detainee has already tried and been unable to contact the person using a housing unit phone.
        iv. *RCCC and Yuba:* A phone room, phone booth, or other enclosure will be added to meet this requirement at RCCC, which currently has no private phone room. Privacy will be improved in the Yuba phone room.

    b. **Phone room calls will be generally limited to 30 minutes but immigration detainees can request longer calls.** However, in periods of high demand, ICE may limit call lengths to ensure everyone has access.

3. **On-site facilitators at each Facility will process telephone requests and provide timely access to phone rooms.** Calls will ordinarily be provided within 8 waking hours, and (except in extraordinary circumstances) always within 24 hours of a request.

4. **Each Facility will take and deliver non-confidential phone and/or email messages related to immigration detainees' immigration cases within 24 hours.**

5. **For detainees who cannot afford to pay for phone calls, ICE will provide extra phone room access or phone credit.** This will be available to detainees who have had less than $15 on their commissary account for 10 consecutive days at the time of the request.

6. **ICE will make accommodations for international legal calls and three-way calling for legal calls.** There will be a system for requesting international legal calls even if international calls cannot be dialed from housing unit phones or phone rooms. Upon request and statement of a need, such as needing an interpreter to join a call, ICE will facilitate 3-way calls in the Facility (if possible) or at the nearest field office.

7. **ICE will assist people who do not read English or Spanish.** ICE will post a notice in 10 common written languages telling detainees to ask Facility staff for translations of telephone access materials and assistance with telephone access. On request, if local interpretation is not adequate or available, ICE will use a telephone-based "language line" interpreter to provide further explanations. Additionally, if a detainee is trying to call a person who does not speak English and cannot understand the automatic prompts to accept a call, the detainee can use the Phone Room to call that person for case-related calls.

8. **ICE will require training of all local ICE officers with duties related to detention and Facility staff whose duties include supervising detainees or providing telephone access.** ICE will also add detail to the inspection forms it uses in detention facilities across the country to evaluate compliance with detention standards regarding privacy for legal calls, timeliness in responding to telephone requests, availability of message delivery systems, availability of translation and interpretation services, and access to telephones for detainees in segregation.

9. **Five Year Agreement.** ICE will have one year after the Court finally approves the Settlement to make the required changes. The Settlement will be in effect for four years after that. During this time, ICE must provide information to Class Counsel to monitor and enforce the Settlement, including providing various documents and allowing Class Counsel to visit the Facilities to interview detainees.

10. **The Court can enforce the agreement if there are any violations.** The Court will retain jurisdiction over the case to enforce the terms of the Settlement Agreement.

11. **Attorneys' fees and costs.** The Government will pay $405,000 to Class Counsel in settlement of all claims for fees and expenses. See below for how to obtain more information about the attorneys' fees settlement.

12. **Release of claims.** Class Members will release the government from all claims for declaratory or injunctive relief that were brought on behalf of Class Members based on the facts and circumstances alleged in the lawsuit.

For further information:

THIS IS A SUMMARY OF THE AGREEMENT. TO UNDERSTAND IT FULLY, YOU SHOULD READ THE ENTIRE AGREEMENT. You can get copies of the final settlement agreement, Class Counsel's motion seeking the Court's approval of the attorneys' fees provision of the settlement, and copies of this Notice from: 1) Visiting ICE agents; 2) ICE's website (**www.ice.gov**); 3) the ACLU of Northern California website (**www.aclunc.org/our-work/legal-docket/lyon-v-ice-telephone-access-immigration-detainees**); 4) by calling Class Counsel by using speed dial number **#9160** through ICE's pro bono call platform or by calling (415) 621-2493, ext. 329; 5) the

electronic docket in this case (Case No. 13-cv-05878 EMC), available at https://ecf.cand.uscourts.gov; or 6) by writing to Class Counsel at the address listed below:

Class Counsel
Lyon v. ICE Class Action Settlement
c/o ACLU Foundation of Northern California
39 Drumm Street
San Francisco, CA 94111

If calling or writing to Class Counsel, please indicate in your message or letter what you are asking for (a copy of the settlement agreement, the attorneys' fee motion, or the Notice), your name, and how to get in touch with you. If you are in custody, say the detention center where you are currently in custody. If you are out of custody, please provide your address and telephone number.

PLEASE DO NOT TELEPHONE THE COURT OR THE COURT CLERK'S OFFICE TO INQUIRE ABOUT THIS SETTLEMENT.

Procedures for Objecting to the Proposed Settlement:

You can ask the Court to deny approval of the settlement by filing an objection. You cannot ask the Court to order a different settlement; the Court can only approve or deny the settlement. If the Court denies approval, the settlement provisions will not be implemented and the lawsuit will continue. If that is what you want to happen, you must object.

If you object to the proposed settlement, you should do it in writing and must submit the written objection to the Court. Attached to this notice is a sample objection form that you may use to file a written objection. You can request additional copies of this form from ICE agents that visit your detention facility. If you file an objection, you may also choose to appear at the Final Approval Hearing, either in person or through your own attorney. If you appear through your own attorney, you are responsible for paying that attorney if required.

All written objections and supporting papers must:

(a) Clearly identify the case name and number (*Lyon v. ICE*, Case No. 13-cv-05878 EMC);
(b) Provide: (i) the Class Member's full name and current detention facility or address, (ii) a signed declaration that the Class Member is a member of the Class, (iii) the specific grounds for the objection, (iv) all documents or writings the Class Member wants the Court to consider, and (v) whether the Class Member intends to appear at the Fairness Hearing.
(c) Be submitted to the Court either by mailing them to the Class Action Clerk, United States District Court for the Northern District of California, 450 Golden Gate Avenue, San Francisco, CA 94102, or by filing them in person at any location of the United States District Court for the Northern District of California;
(d) **Be filed or postmarked on or before _____, 2016**.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

AUDLEY BARRINGTON LYON, JR., et al., *Plaintiffs*, v. UNITED STATES IMMIGRATION AND CUSTOMS ENFORCEMENT, et al., *Defendants.*	Case No. 3:13-cv-05878-EMC **OBJECTION TO PROPOSED SETTLEMENT** Hon. Edward. M. Chen

To the Honorable Court:

I believe I am a Class Member because I am currently detained by ICE at (check one):

__ West County Detention Facility in Contra Costa County

__ Yuba County Jail in Yuba County

__ Rio Cosumnes Correctional Center in Sacramento County

__ Mesa Verde Detention Facility in Kern County

I object to the proposed settlement because: _____

_____

_____

_____ [attach additional sheets if necessary]

I intend to appear at the Court for the Fairness Hearing: ☐ Yes ☐ No

My signature verifies that everything I have stated above is true.

Dated: _____

Signature: _____
Name: _____
"A number": _____
Address: _____
_____

EXHIBIT C

ROBERT P. VARIAN (SBN 107459)
CHARLES J. HA (*pro hac vice*)
ALEXIS YEE-GARCIA (SBN 277204)
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San Francisco, California 94105-2669
Telephone: (415) 773-5700
Facsimile: (415) 773-5759
Email: rvarian@orrick.com

AMERICAN CIVIL LIBERTIES UNION
FOUNDATION OF NORTHERN CALIFORNIA
JULIA HARUMI MASS (SBN 189649)
ANGELICA SALCEDA (SBN 296152)
CHRISTINE P. SUN (SBN 218701)
MICHAEL T. RISHER (SBN 191627)
39 Drumm Street
San Francisco, CA 94111
Telephone: (415) 621-2493
Facsimile: (415) 255-8437
Email: jmass@aclunc.org
Attorneys for Plaintiffs

[Additional Counsel appear on following page]

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

AUDLEY BARRINGTON LYON, JR., et al., on behalf of themselves and all others similarly situated, Plaintiffs, v. UNITED STATES IMMIGRATION AND CUSTOMS ENFORCEMENT, et al., Defendants.	Case No.: 13-cv-05878-EMC **FINAL ORDER APPROVING SETTLEMENT AND DISMISSING CASE** Hon. Edward M. Chen

AMERICAN CIVIL LIBERTIES UNION
NATIONAL PRISON PROJECT
CARL TAKEI (SBN 256229)
915 15th Street N.W., 7th Floor
Washington, DC 20005
Telephone: (202) 393-4930
Facsimile: (202) 393-4931
Email: ctakei@aclu.org

VAN DER HOUT, BRIGAGLIANO, & NIGHTINGALE, LLP
MARC VAN DER HOUT (SBN 80778)
MEGAN SALLOMI (SBN 300580)
180 Sutter Street, Suite 500
San Francisco, CA 94104
Telephone: (415) 981-3000
Facsimile: (415) 981-3003
Email: msal@vblaw.com

Attorneys for Plaintiffs

WHEREAS Plaintiffs Audley Barrington Lyon, Jr., José Elizandro Astorga-Cervantes, and Nancy Neria-Garcia, on behalf of themselves and all class members (collectively, "Plaintiff Class"), by and through their counsel of record, have asserted claims for declaratory and injunctive relief against Defendants U.S. Immigration and Customs Enforcement ("ICE"); Sarah Saldaña in her official capacity as Director of ICE; the U.S. Department of Homeland Security; Jeh Johnson in his official capacity as Secretary of Homeland Security, and Adrian Macias in his official capacity as Acting Field Office Director for ICE's San Francisco Field Office (collectively "Defendants"), alleging violations of the Immigration and Nationality Act, 8 U.S.C. § 1101 *et seq.* and the First and Fifth Amendments to the U.S. Constitution; and

WHEREAS on April 16, 2014, the Court certified a class of "[a]ll current and future immigration detainees who are or will be held by ICE in in Contra Costa, Sacramento, and Yuba Counties" (ECF No. 31);

WHEREAS on July 27, 2015, the Court granted Plaintiffs' motion to modify the certified class to include "[a]ll current and future adult immigration detainees who are or will be held by ICE in Contra Costa County, Kern County, Sacramento County, or Yuba County" ("Plaintiff Class") (ECF No. 98);

WHEREAS on March 18, 2016, the Court granted in part and denied in part Defendants' motion for summary judgment and denied Plaintiffs' motion for summary judgment (ECF No. 167);

WHEREAS the Court found that Plaintiffs' Counsel are adequate to represent the Plaintiff Class under Federal Rule of Civil Procedure 23(g)(1) and (4), and appointed Plaintiffs' Counsel as Class Counsel under Rule 23(g) in an Order dated _____, 2016; and

WHEREAS the Plaintiff Class and Defendants entered into a settlement of the above-captioned matter ("Settlement") and executed a Settlement Agreement and Release ("Settlement Agreement"), which has been filed with the Court; and

WHEREAS the Court preliminarily approved the Settlement in an Order dated _____, 2016; and

WHEREAS the Court held a hearing on _____, 2016, where the Court found the Settlement reasonable and fair; and

WHEREAS it appears notice of the Settlement has been adequately provided to the Class as provided for by the Court's Order Granting Preliminary Approval; and

WHEREAS the Plaintiff Class has filed with the Court a Motion for Final Approval of the Settlement, together with supporting documents; and

WHEREAS the Court held a hearing on _____, 2016 to consider the final approval of the Settlement, and any objections to the foregoing filed before or at the time of the hearing;

WHEREAS the Court has considered the Settlement between the Plaintiff Class and the Defendants, and the pleadings and documents submitted in connection with the parties' request for final approval of the Settlement, and good cause appearing therefore,

WHEREFORE, IT IS HEREBY ORDERED AS FOLLOWS:

1. The Court has jurisdiction over the subject matter of this action. The Court has personal jurisdiction over the Plaintiff Class (as defined in the Court's orders granting Plaintiffs' motions for class certification and for modification of the class certification order, ECF Nos. 31 and 98) and Defendants.

2. Under Federal Rule of Civil Procedure 23(e), the Settlement as set forth in the Settlement Agreement is approved as fair, reasonable, adequate, and in the best interests of the Plaintiff Class. The Court finds that the Settlement appears to have resulted from arm's length negotiations by and among counsel for the parties who were reasonably skilled and prepared and who represented the best interests of their respective clients in negotiating the Settlement. The settlement negotiations that led to the Settlement took place in mediations sessions supervised by Magistrate Judge Donna Ryu, with assistance from Magistrate Judge Laurel Beeler. This provides the Court with further assurance that the negotiations leading to the Settlement were good faith, arm's length negotiations, based on a sufficiently developed record, and which appropriately considered the risks of trial, the potential resolution, and all other relevant factors leading to Settlement.

3. The Court further finds that the settlement of attorneys' fees and costs in Section XI of the Settlement Agreement was the result of arm's length and good faith negotiations supervised by Magistrate Judges Ryu and Beeler. The attorney's fees and costs provision appears to have taken into consideration the right of Plaintiffs to seek an award of fees that would be substantially higher than the amount agreed to, the risks of trial, and all other relevant factors. The Court therefore approves the award of the Attorneys' Fee Settlement Amount contained in the Settlement Agreement and orders that that the Attorneys' Fee Settlement Amount be paid in accordance with the Settlement Agreement.

4. The Court further finds the Notice to the Class was reasonably calculated to apprise the Class of the pendency of this action and all material elements of the proposed settlement, constituted the best notice practicable under the circumstances, and constituted due and sufficient notice.

5. This Final Order adopts and incorporates herein by reference in its entirety the Settlement Agreement submitted as Exhibit 1 to the Declaration of Julia Harumi Mass, filed with Plaintiffs' Unopposed Motion for Preliminary Approval of the Class Action Settlement (ECF No. __). The parties are directed to implement the Settlement Agreement in accordance with its terms and provisions.

6. In accordance with Section XII.A of the Settlement Agreement, this action is hereby dismissed with prejudice. Without in any way affecting the finality of this Final Order, this Court retains jurisdiction for the purpose of enforcing the Settlement Agreement and as to all matters relating to the interpretation and enforcement of the Settlement Agreement.

7. The Court finds this Final Order adjudicates all of the claims, rights, and liabilities of the Parties to the Settlement, and is intended to be a final judgment within the meaning of Rule 54 of the Federal Rules of Civil Procedure.

IT IS SO ORDERED.

Dated _____

_____
Hon. Edward M. Chen
U.S. District Court Judge

EXHIBIT D

NOTICE OF FINAL SETTLEMENT REGARDING TELEPHONE ACCESS IN IMMIGRATION DETENTION

LYON, ET AL. V. U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT ET AL.,
Case No. 3:13-cv-05878-EMC
IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

TO: All current and future adult immigration detainees who are or will be held by ICE in Contra Costa County, Kern County, Sacramento County, or Yuba County.

You are hereby notified that on _____, 2016, the Honorable Edward M. Chen of the United States District Court for the Northern District of California approved a settlement of the claims that were brought on your behalf in this lawsuit.

Background on the Lawsuit

This class action lawsuit asserted that U.S. Immigration and Customs Enforcement (ICE) does not provide adequate telephone access for immigration detainees housed in Contra Costa West County Detention Facility, Yuba County Jail, Rio Cosumnes Correctional Center (RCCC), and Mesa Verde Detention Facility (collectively, the Facilities). Specifically, the lawsuit asserted that ICE is violating the statutory and constitutional rights of immigration detainees because the telephone access conditions in the Facilities: (1) prevent detainees from retaining and communicating effectively with lawyers, and (2) prevent detainees from gathering evidence to present in immigration-related proceedings. The parties reached a settlement that the Court has approved.

Description of the Settlement Agreement

Below is a summary of the key points in the settlement agreement. To get a copy of the full agreement, see the section entitled "For Further Information" after this summary.

1. **There will be more ways to make legal calls from housing unit phones and new phone booths for privacy in housing units.**

    a. **ICE will add speed-dials to make free, direct, unmonitored calls to more government offices and some attorneys from the housing unit phones.** ICE will set up more speed-dial numbers (similar to ICE's pro bono platform) that will connect without needing a live person to answer and accept the call, that will not be recorded or monitored, and that will be cost-free for the caller and recipient. These numbers will include police departments, probation departments, state and federal courts, and rehabilitation centers as well as attorneys who provide a mix of paid and pro bono immigration representation and have requested to be added to the platform.

b. **ICE will create a list of attorneys who can be called without needing a live person to answer.** ICE will allow attorneys (including those who only provide paid representation) to receive calls from the housing unit phones without needing a live person to answer the telephone. These calls will not be recorded or monitored.

c. **ICE will install phone booths in and around housing units for case-related telephone calls.** ICE has agreed to install a total of 40 phone booths that will be distributed among the four Facilities. These phone booths will operate like the housing unit phones, but with more privacy.

d. **ICE will ensure access to phone booths.** Except during count and lockdowns, detainees will be able to use phone booths any time during waking hours (including non-free time at Contra Costa). Detainees who are housed in places where they need staff to escort them to a phone booth, such as segregation, will receive access within two waking hours of making a request, absent extraordinary circumstances (which must be reported to ICE). For detainees in disciplinary segregation whose discipline includes limits on telephone access, these requirements apply only to personal or family emergencies, Legal Calls, or calls that are otherwise justified by a compelling need.

e. **ICE will extend automatic cut-offs for telephone calls.**
   i. *Yuba:* Cut-offs for the housing unit phones will be extended from 20 minutes to 40 minutes, and there will be no automatic cut-off in the Yuba phone room.
   ii. *RCCC:* Cut-offs for the housing unit phones will be extended from 20 minutes to 40 minutes.
   iii. *All Facilities:* The automatic cut-off for calls from ICE's pro bono platform will be extended to 60 minutes.
   iv. Based on demonstrated need in individual circumstances, ICE may impose time limits on telephone calls to ensure everyone has access.

2. **There will be more ways to make legal calls from private phone rooms.**

a. **Immigration detainees will be allowed to use private phone rooms for legal calls, including calls to non-attorneys.**
   i. *In general:* These calls will not be recorded or monitored, and will not require a live person to answer. When connecting the call, Facility staff or ICE personnel can check the call recipient's name and ask if the call recipient agrees to speak to the caller, but cannot announce the detainee is calling from a jail or detention facility. If nobody answers, the caller will be able to leave voicemail messages and navigate automated answering systems that require dialing an extension.

ii. *Calls to attorneys:* Immigration detainees will be able to call attorneys from these phones for long calls or calls that need extra privacy. Also, attorneys may request calls be scheduled at particular times.

iii. *Calls to non-attorneys:* Immigration detainees will be able to call non-attorneys from these phones if the call is case-related (for example, to request a supportive letter or to get help obtaining documents) and the detainee has already tried and been unable to contact the person using a housing unit phone.

iv. *RCCC and Yuba:* A phone room, phone booth, or other enclosure will be added to meet this requirement at RCCC, which currently has no private phone room. Privacy will be improved in the Yuba phone room.

b. **Phone room calls will be generally limited to 30 minutes but immigration detainees can request longer calls.** However, in periods of high demand, ICE may limit call lengths to ensure everyone has access.

3. **On-site facilitators at each Facility will process telephone requests and provide timely access to phone rooms.** Calls will ordinarily be provided within 8 waking hours, and (except in extraordinary circumstances) always within 24 hours of a request.

4. **Each Facility will take and deliver non-confidential phone and/or email messages related to immigration detainees' immigration cases within 24 hours.**

5. **For detainees who cannot afford to pay for phone calls, ICE will provide extra phone room access or phone credit.** This will be available to detainees who have had less than $15 on their commissary account for 10 consecutive days at the time of the request.

6. **ICE will make accommodations for international legal calls and three-way calling for legal calls.** There will be a system for requesting international legal calls even if international calls cannot be dialed from housing unit phones or phone rooms. Upon request and statement of a need, such as needing an interpreter to join a call, ICE will facilitate 3-way calls in the Facility (if possible) or at the nearest field office.

7. **ICE will assist people who do not read English or Spanish.** ICE will post a notice in 10 common written languages telling detainees to ask Facility staff for translations of telephone access materials and assistance with telephone access. On request, if local interpretation is not adequate or available, ICE will use a telephone-based "language line" interpreter to provide further explanations. Additionally, if a detainee is trying to call a person who does not speak English and cannot understand the automatic prompts to accept a call, the detainee can use the Phone Room to call that person for case-related calls.

8. **ICE will require training of all local ICE officers with duties related to detention and Facility staff whose duties include supervising detainees or providing telephone access.** ICE will also add detail to the inspection forms it uses in detention facilities across

the country to evaluate compliance with detention standards regarding privacy for legal calls, timeliness in responding to telephone requests, availability of message delivery systems, availability of translation and interpretation services, and access to telephones for detainees in segregation.

9. **Five Year Agreement.** ICE will have one year after the Court approved the Settlement to make the required changes. The Settlement will be in effect for four years after that. During this time, ICE must provide information to Class Counsel to monitor and enforce the Settlement, including providing various documents and allowing Class Counsel to visit the Facilities to interview detainees.

10. **The Court can enforce the agreement if there are any violations.** The Court will retain jurisdiction over the case to enforce the terms of the Settlement Agreement.

11. **Attorneys' fees and costs.** The Government will pay $405,000 to Class Counsel in settlement of all claims for fees and expenses. See below for how to obtain more information about the attorneys' fees settlement.

12. **Release of claims.** Class Members will release the government from all claims for declaratory or injunctive relief that were brought on behalf of Class Members based on the facts and circumstances alleged in the lawsuit.

For further information:

THIS IS A SUMMARY OF THE AGREEMENT. TO UNDERSTAND IT FULLY, YOU SHOULD READ THE ENTIRE AGREEMENT. You can get copies of the final settlement agreement from: 1) Visiting ICE agents, 2) ICE's website (**www.ice.gov**); 3) the ACLU of Northern California website (**www.aclunc.org/our-work/legal-docket/lyon-v-ice-telephone-access-immigration-detainees**); 4) by calling Class Counsel by using speed dial number **#9160** through ICE's pro bono call platform or by calling (415) 621-2493, ext. 329; or 5) by writing to Class Counsel at the address listed below:

Class Counsel
Lyon v. ICE Class Action Settlement
c/o ACLU Foundation of Northern California
39 Drumm Street
San Francisco, CA 94111

If calling or writing to Class Counsel, please indicate in your message or letter that you are asking for a copy of the settlement agreement, the name of the case (*Lyon v. ICE*), your name, and how to get in touch with you. If you are in custody, say the detention center where you are currently in custody. If you are out of custody, please provide your address and telephone number.

ATTACHMENT 14

AGREEMENT REGARDING PROCEDURES FOR NOTIFYING AND REOPENING CASES OF *FRANCO* CLASS MEMBERS WHO HAVE RECEIVED FINAL ORDERS OF REMOVAL

This Agreement is entered into by all Plaintiffs and all Defendants in this class action lawsuit (collectively, "the Parties"). Plaintiffs are individuals who are, or were during the relevant period, detained in the custody of U.S. Immigration and Customs Enforcement ("ICE") in Arizona, California, or Washington, who have serious mental disorders, and who lack or lacked counsel in their immigration proceedings. Defendants are Eric H. Holder, United States Attorney General, Juan Osuna, Director of the Executive Office for Immigration Review ("EOIR"), Jeh Johnson, Secretary of Homeland Security, Thomas S. Winkowski, Acting Director of U.S. Immigration and Customs Enforcement ("ICE"), and David Jennings, Field Office Director for the Los Angeles District of ICE.

RECITALS

WHEREAS, on March 26, 2010, Plaintiff Jose Antonio Franco-Gonzalez filed a petition for writ of habeas corpus in the United States District Court for the Central District of California, *Franco-Gonzalez, et al. v. Holder, et al.*, 10-CV-02211-DMG (DTBx) (C.D. Cal.), alleging violations of the Immigration and Nationality Act, Section 504 of the Rehabilitation Act, and the Fifth Amendment to the U.S. Constitution;

WHEREAS, on November 2, 2010, Plaintiffs filed a first amended class action complaint, alleging that Defendants unlawfully require individuals detained for immigration proceedings in California, Arizona, and Washington, who are incompetent by reason of their mental disabilities, to represent themselves in their

immigration proceedings, in violation of the Immigration and Nationality Act, Section 504 of the Rehabilitation Act, and the Fifth Amendment to the U.S. Constitution;

WHEREAS, on November 21, 2011, the Court granted Plaintiffs' motion for class certification and certified the Main Class and two Sub-Classes in this case, Dkt. 348, which are described as follows:

> *Plaintiff (or "Main") Class:* All individuals who are or will be in DHS custody for immigration proceedings in California, Arizona, and Washington who have been identified by or to medical personnel, DHS, or an Immigration Judge, as having a serious mental disorder or defect that may render them incompetent to represent themselves in immigration proceedings, and who presently lack counsel in their immigration proceedings.
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> *Sub-Class 1:* Individuals in the above-named Plaintiff Class who have a serious mental disorder or defect that renders them incompetent to represent themselves in immigration proceedings.
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> *Sub-Class 2:* Individuals in the above-named Plaintiff Class who have been detained for more than six months.

Dkt. 786, Implementation Plan Order at 24;

WHEREAS, on April 23, 2013, the Court granted in part and denied in part Plaintiffs' motion for partial summary judgment, and held that:

> (1) Section 504 of the Rehabilitation Act requires Defendants to provide Qualified Representatives to represent Sub–Class One members in all aspects of their removal and detention proceedings ("Count Four"), and
>
> (2) the [Immigration and Nationality Act] requires the provision of a custody redetermination hearing for individuals in Sub–Class Two who have been

detained for a prolonged period of time greater than 180 days ("Count Eight").

Dkt. 592 at 34;

WHEREAS, on April 23, 2013, the Court entered partial judgment and a permanent injunction against Defendants, in accordance with its summary judgment order, and further ordered that:

> Defendants shall submit to the Court a plan and status report describing the steps taken to implement this Order and Judgment and future plans for implementation, including (1) identification of current and future class members and Sub–Class members, (2) provision of Qualified Representatives for Sub–Class One members, and (3) provision of timely bond hearings as required by this Order,

Dkt. 593 at 4;

WHEREAS, on December 11, 2013, the Parties stipulated to clarify that the term "serious mental disorder or defect" in the class definition referred to individuals for whom certain specified diagnostic, medical or other criteria were met, *see* Dkt. 673 at 2-3;

WHEREAS, the Parties subsequently engaged in settlement discussions to negotiate the terms of the Implementation Plan Order, including whether a remedy should be afforded to individuals identified as *Franco* Class members while they were in ICE custody, but who, while this case was pending, were ordered removed from the United States;

WHEREAS, on October 16, 2013, the Court appointed a Special Master to resolve the Parties' outstanding disputes as to the terms of the Implementation Plan Order, including their dispute as to the remedy that should be afforded to *Franco* Class members who were ordered removed from the United States while this case was pending, Dkt. 662;

WHEREAS, the Parties submitted briefing to the Special Master on this dispute, including the Parties' respective proposals as to the remedy that should be afforded to Class members who were ordered removed from the United States while this case was pending;

WHEREAS, on March 12, 2014, the Special Master issued his Report, which stated, *inter alia*, that these former Class members were entitled to a remedy under the Injunction, but recommending, in substantial part, that the Court adopt Defendants' proposal as to what remedy should be ordered, Dkt. 709 at 27-37;

WHEREAS, the parties submitted their respective objections to the Special Master's Report to the Court;

WHEREAS, Plaintiffs believe that the Class members who were ordered removed from the United States while this case was pending are entitled to a remedy under the Court's Permanent Injunction, and that the procedures set forth in the proposal they submitted to the Special Master comprise a reasonable and appropriate form of relief for the removed Class members, but, taking into account the extensive burdens and expense of litigation, including the risks and uncertainties associated with requesting a ruling from the Court on this matter, Plaintiffs' counsel have concluded that the Agreement provides substantial benefits to these *Franco* Class members, and is fair, reasonable, adequate, and in the best interests of Plaintiffs and these Class members;

WHEREAS, Defendants believe that these Class members are not entitled to any remedy under the Court's Permanent Injunction, and that even assuming they are, the proposal Defendants submitted to the Special Master is a reasonable and appropriate one, but Defendants also have taken into account the uncertainty, risk, delay and costs inherent in litigation and agreed to enter into the Agreement to avoid any further litigation expenses and inconvenience, and to remove the distraction of burdensome and protracted litigation;

NOW, THEREFORE, in full settlement of the Parties' dispute as to the proper remedy that should be afforded to individuals identified as *Franco* Class members, and who were subsequently ordered removed, the Reopening Settlement Agreement is entered into by and among the Parties, by and through their respective counsel and representatives, and the Parties agree that:

(a) upon approval of the Court after the hearing(s) provided for in the Reopening Settlement Agreement, the claims of the Removal Order Class Members, as defined in Section I.B, *infra*, to relief under the Permanent Injunction shall be settled and compromised as between Plaintiffs and Defendants; and

(b) upon Court approval of the Agreement, the [Proposed] Order Approving Settlement, substantially in the form attached as Exhibit A hereto, shall be entered dismissing the claims of the Removal Order Class Members in this case, all on the following terms and conditions:

TERMS

I. Definitions. For purposes of this Agreement, these terms are defined as follows:

A. "Class Members" are defined as those individuals in the Main Class, Sub-Class One and Sub-Class Two (as described in Dkt. 786, Implementation Plan Order at 24).

B. "Removal Order Class Members" are defined as individuals who:

(i) received a final order of removal during the relevant period in Section I.C or I.D, *infra*;

(ii) were identified by Plaintiffs as specified in Section VI.C-D, *infra*, by the Parties as specified in Section VI.E, *infra*, or by

Defendants on lists exchanged pursuant to the Court's order at Dkt. 360; and

(iii) meet the criteria in *either* (1) or (2) below:

(1) remained detained and unrepresented when they received orders of removal before an Immigration Judge without one of the following: (a) the safeguards set forth in Section III of the Court's Implementation Plan Order, Dkt. 786, or (b) the procedural safeguards implemented pursuant to Defendants' Phase I Guidance, *see* Dkt. 663-4; *or*

(2) were released from detention following an Immigration Judge's determination that they were not competent to represent themselves (*i.e.*, "Released Sub-Class One Members") and remained unrepresented when they received orders of removal before an Immigration Judge.[1]

C. "Post-Injunction Removal Order Class Members" are defined as all Removal Order Class Members who had final orders of removal entered in their proceedings on or after April 23, 2013, the date of the Court's order granting partial summary judgment and a permanent injunction for Plaintiffs, Dkts. 592, 593, and before the Implementation Plan Effective Date, as defined in Section I.K, *infra*.

D. "Pre-Injunction Removal Order Class Members" are defined as Removal Order Class Members who had final orders of removal entered in their proceedings on or after November 21, 2011, but before April 23, 2013.

[1] Pursuant to Section XVIII, *infra*, other Class Members who were released from detention prior to receiving a final order of removal in their immigration proceedings remain entitled to pursue reopening of their immigration proceedings pursuant to the regular motion to reopen procedures already available under the immigration statues and regulations.

E. "Private Agreement Removal Order Class Members" are defined as Removal Order Class Members, whether Post-Injunction or Pre-Injunction, whom the parties have agreed should be eligible for the joint motion to reopen procedures described in Section VIII, *infra*.

F. "Approval Hearing" shall mean and refer to the hearing by this Court to determine whether this Agreement should be approved in accordance with the relevant legal standards.

G. "Class Notices" shall mean and refer to the notices attached hereto at Exhibit B (the Summary Class Notice), C (the Detention Facility Summary Notice), D (the Joint Motion Notice and Instructions) and E (the Unilateral Motion Notice and Instructions).

H. "Notice Date" shall mean and refer to the date forty-five (45) days after the "Identification Deadline," as defined in Section I.L, *infra*, which is the last date by which the "Class Notices" as defined in Section I.G, *supra*, must be initially provided.

I. "Notice Program" shall refer to the notice procedures described in Section III, *infra*.

J. "Parties" are defined as the Plaintiffs and Defendants in this Action.

K. "Implementation Plan Effective Date" is defined as the date ninety (90) days after the Court enters the Implementation Plan Order in this case (absent an extension granted by the Court or agreed to by the Parties).

L. "Identification Deadline" is defined as the date ninety (90) days after the Court grants Preliminary Approval of this Agreement (absent an extension granted by the Court or agreed to by the Parties).

M. "Reopening Agreement," "Reopening Settlement Agreement," or "Agreement" are defined as this agreement, together with all of its attachments.

II. Preliminary Approval. Within three (3) court days after execution of the Reopening Agreement, the Parties shall file the Reopening Agreement with the Court to seek preliminary approval and shall jointly move the Court for entry of an order, substantially in the form of Exhibit A hereto, which by its terms shall:

A. Determine, preliminarily, that the Reopening Settlement Agreement and its terms fall within the range of reasonableness, merits possible approval, and that Notice of the Agreement should be provided to the Class Members and to the Removal Order Class Members;

B. Approve the proposed Class Notices and Notice Program;

C. Determine that there are no rights to "opt-out" of the Reopening Settlement Agreement and that the proposal would bind Class Members and Removal Order Class Members;

D. Schedule the Approval Hearing to consider the fairness, reasonableness and adequacy of the Reopening Settlement Agreement;

E. Direct the Parties or their designee(s) to cause the Class Notice to be disseminated in the manner set forth in the Notice Program on or before the Notice Date;

F. Determine that the Class Notice and the Notice Program: (i) meets the requirements of Rule 23(e)(1) and due process; (ii) is the best practicable notice under the circumstances; (iii) is reasonably calculated, under the circumstances, to apprise the Class, Sub-Classes and Removal Order Class Members of their right to object to the proposed Settlement; and (iv) is reasonable and constitutes due, adequate, and sufficient notice to all those entitled to receive notice.

G. Require any Class Member or Removal Order Class Member who wishes to object to the fairness, reasonableness, or adequacy of the Settlement to submit his or her objection ("Objection") to the Court in writing, via

regular mail on or before the Objection Date, with copies to counsel for the parties. Such Objection shall include a statement of his or her objection, as well as the specific reason, if any, for each objection, including any legal support the Class Member or Removal Order Class Member wishes to bring to the Court's attention and any evidence the Class Member or Removal Order Class Member wishes to introduce in support of his or her objection, and to state whether the Class Member and/or his or her counsel wishes to make an appearance at the Approval Hearing, or be barred from separately objecting;

H. Establish the following:

a. The date and time of the Approval Hearing.

b. The Notice Date: The Parties propose that the Notice Date be sixty (60) days before the Approval Hearing.

c. The Objection Date: The Parties propose that the objection date be twenty-one (21) days before the Approval Hearing.

III. Notice Program. The parties will propose to the Court that the Class Notice shall be given to the Class Members and Removal Order Class Members via the following means:

A. The publication of the Summary Class Notice shall be distributed by:

a. Defendants sending the Summary Class Notice to all Removal Order Class Members via U.S. Mail at the Removal Order Class Members' last known address (if any) associated with their removal case recorded within ICE's ENFORCE Alien Removal Module (EARM), whether inside or outside the United States;[2]

[2] All mailed Notices shall include the Spanish translations provided by Plaintiffs and agreed to by the Parties.

b. Defendants providing the Summary Class Notice to all Legal Orientation Providers with offices in California, Arizona, and Washington;

c. Defendants posting the Summary Class Notice in a reasonably accessible location on a website controlled by Defendants;

d. Plaintiffs posting the Summary Class Notice on the websites of the ACLU Immigrants' Rights Project, ACLU of Southern California, the ACLU of San Diego and Imperial Counties, the ACLU of Arizona, Northwest Immigrant Rights Project, and Public Counsel, in accessible formats in English and Spanish;

B. The Detention Facility Summary Notice shall be posted by Defendants at all immigration detention facilities[3] in California, Arizona, and Washington, in areas prominently visible to immigration detainees, and accessible in English and Spanish;

C. The Joint Motion Notice and Instructions shall be provided by:

a. Defendants distributing the Joint Motion Notice and Instructions and accompanying request letter template via U.S Mail, as specified in Section IX, in accordance with its terms; and

b. Defendants posting the Joint Motion Notice and Instructions and accompanying request letter template on the ICE and EOIR websites in a reasonably accessible location, accessible in English and Spanish.

D. The Unilateral Motion Notice and Instructions shall be provided by:

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[3] The term "immigration detention facilities" shall mean and refer to facilities used by, contracted with, or acting on behalf of ICE to hold detainees for more than 72 hours. *See* Dkt. 786 at 1 n.1.

a. Defendants providing the Unilateral Motion Notice and Instructions and cover letter to all Pre-Injunction Removal Order Class Members via U.S. Mail to their last known address (if any) as specified in Section XI, *infra*; and

b. Defendants posting the Unilateral Motion Notice and Instructions and accompanying cover letter on the ICE and EOIR websites in a reasonably accessible location, accessible in English and Spanish.

E. Notice will be posted and distributed by the Notice Date. When sending notice via U.S. Mail to each Removal Order Class Member pursuant to the Reopening Settlement Agreement, Defendants shall send the Summary Class Notice together with either the Joint Motion Notice and Instructions or the Unilateral Motion Notice and Instructions, depending on which set of notice/instructions is applicable to the Removal Order Class Member.

F. Any notices posted on websites or in immigration detention facilities shall remain posted for no less than sixty (60) days. The Parties will advise the Court as part of the motion for Final Approval confirming that notice has been issued according to this Section.

G. The Parties will make best efforts to agree to amend the Class Notice and notice procedures as required by the Court in order to obtain Court approval and adoption of the terms of this Agreement in a final order in this case.

IV. Final Approval. Except for the Parties' duties that precede and continue through any final approval by the Court, this Agreement is subject to and conditioned upon the issuance by the Court of an order finally approving the settlement contained herein in accordance with the relevant legal standards. In the event that the Court preliminarily or finally refuses approval based upon an

objection, whether filed by a Class Member or Removal Order Class Member or raised by the Court, the Parties shall use their best efforts to address such objection in a manner designed to accomplish implementation of the Reopening Settlement Agreement.

V. Cooperation. The Parties shall use their best efforts to obtain an Approval Hearing Date set by the Court by no later than 195 days after the Court grants Preliminary Approval of the Settlement, and to proceed with the Approval Hearing on that date. The Parties acknowledge that each intends to implement the terms of the Reopening Settlement Agreement upon its execution. The Parties shall, in good faith, cooperate and assist with and undertake all reasonable actions and steps in order to accomplish all required events on the schedule set by the Court, and shall use their best efforts to implement all terms and conditions of the Reopening Settlement Agreement. Nothing in this provision, however, requires either Party to waive its rights herein.

VI. Identification of Certain Removal Order Class Members.[4] On or before the Identification Deadline, the Parties will identify certain Removal Order Class Members[5] pursuant to the following provisions:

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[4] The parties agree that information and documents exchanged pursuant to this Agreement will be subject to the protective order governing this litigation, Dkt. 507.

[5] Plaintiffs will cooperate and assist in the identification of potential beneficiaries by providing Defendants with their consolidated list of individuals identified pursuant to Dkt. 360. For purposes of identifying potential beneficiaries and providing notice of the procedures contained in this Agreement, Defendants may identify and/or notify individuals irrespective of whether they ultimately qualify for relief under the Agreement (e.g., irrespective of whether they remained detained and unrepresented when they received orders of removal before an Immigration Judge or whether they received one of the following: (a) the safeguards set forth in Section III of the Court's Implementation Plan Order, Dkt. 786, or (b) the procedural safeguards implemented pursuant to Defendants' Phase I Guidance, Dkt. 663-4).

A. Defendants shall identify all Post-Injunction Removal Order Class Members who were identified on lists provided by Defendants to Plaintiffs pursuant to Dkt. 360, who were detained at ICE Health Service Corps ("IHSC") facilities and the Adelanto Correctional Facility in Adelanto, California, and who were contemporaneously identified by or to U.S. Immigration and Customs Enforcement ("ICE") personnel as meeting the "serious mental illness" criteria, as set forth in Defendants' Guidelines, Dkt. 611.

B. Defendants shall identify all Post-Injunction Removal Order Class Members who were identified on lists provided by Defendants to Plaintiffs pursuant to Dkt. 360, who were detained at non-IHSC facilities other than the Adelanto Correctional Facility, and who were contemporaneously identified by ICE in immigration court filings as possible Class Members based on one or more of the following diagnoses:

    1. Psychosis or Psychotic Disorder;
    2. Bipolar Disorder;
    3. Schizophrenia or Schizoaffective Disorder;
    4. Major Depressive Disorder with Psychotic Features;
    5. Dementia and/or a Neurocognitive Disorder; or
    6. Intellectual Development Disorder (moderate, severe or profound).

C. Separately, Plaintiffs shall provide a list to Defendants of Post-Injunction Removal Order Class Members who were identified only on Plaintiffs' Class Member lists within fifteen (15) days after Preliminary Approval. Within forty-five (45) days of the receipt of that list, Defendants shall then identify which of those Post-Injunction Removal Order Class

Members were either contemporaneously identified by or to ICE personnel as meeting the "serious mental illness" criteria, as set forth in Defendants' Guidelines, Dkt. 611, or would have qualified, based on a review of their medical records and any other relevant evidence, as Class Members under the newly-narrowed Class definition, *see* Dkt. 690 at 1-2.

D. The Parties have also come to an agreement on the Plaintiffs' list of individuals to be included as "Private Agreement Removal Order Class Members," attached as Exhibit F hereto (filed under seal).

E. The Parties shall identify all Pre-Injunction Removal Order Class Members who were identified on lists exchanged by the Parties pursuant to Dkt. 360.

VII. Removal Order Class Members Who Qualify for Joint Motion to Reopen Procedures. The following Removal Order Class Members shall be eligible for the Joint Motion to Reopen Procedures described in Section VIII of this Agreement, *infra,* and shall benefit from the favorable exercise of discretion provisions described in that Section:

A. All Post-Injunction Removal Order Class Members whom Defendants identify pursuant to Sections VI.A-C of this Agreement, *supra*, who remained detained and unrepresented when they received orders of removal before an Immigration Judge without one of the following: (a) the safeguards set forth in Section III of the Court's Implementation Plan Order, Dkt. 786, or (b) the procedural safeguards implemented pursuant to Defendants' Phase I Guidance, Dkt. 663-4;

B. All Released Sub-Class One Members, as defined in Section I.B.iii.2, (*i.e.*, who remained unrepresented when they received orders of removal before an Immigration Judge);

C. All Removal Order Class Members, including Pre-Injunction Removal Order Class Members, who submit evidence that they were determined to be incompetent by any administrative or judicial tribunal in the United States within the three years preceding the date they had the final order of removal entered in their proceeding; and

D. All Private Agreement Removal Order Class Members.

VIII. Joint Motion to Reopen Procedures. For all eligible Removal Order Class Members described in Section VII, *supra*, ICE agrees to favorably exercise its discretion pursuant to 8 C.F.R. §§ 1003.23(b)(4)(iv) or 1003.2(c)(3)(iii) to join and file the Removal Order Class Member's motion to reopen his or her immigration proceedings, subject to the following provisions:

A. If Defendants identify the Removal Order Class Member as inadmissible or deportable as described in 8 U.S.C. §§ 1182(a)(3) or 1227(a)(4), ICE may decline to favorably exercise its discretion to join the Removal Order Class Member's motion to reopen.

B. If Defendants determine that the Removal Order Class Member is subject to Section VIII.A, *supra*, or is ineligible because he or she received the safeguards set forth in Section III of the Court's Implementation Plan Order, Dkt. 786, or the procedural safeguards implemented pursuant to Defendants' Phase I Guidance, Dkt. 663-4, ICE shall send a written notice to the Removal Order Class Member's last known address setting forth the basis for the declination or ineligibility. Defendants shall also send a copy of this written notice to Plaintiffs' counsel. Absent compelling reasons justifying Defendants' delay, Defendants shall send this written notice and copy within thirty (30) days of the date of receipt of the Removal Order Class Member's request for a joint motion.

C. Any Removal Order Class Member for whom ICE declines to submit a joint motion to reopen pursuant to this Section shall retain the right to file a motion to reopen before the Board of Immigration Appeals ("BIA") or the Immigration Court pursuant to the provisions of Section X, *infra*, depending on the forum in which the Removal Order Class Member's order of removal became final.

D. If ICE favorably exercises its discretion to file a joint motion to reopen pursuant to this Section, ICE shall file any such motion with either the BIA or the Immigration Court, depending on the forum in which the Removal Order Class Member's order of removal became final.

E. ICE's favorable exercise of discretion to file a joint motion to reopen pursuant to this Section shall not preclude ICE from contesting any issue of fact, law, or discretion in any reopened proceedings, including, but not limited to, the Removal Order Class Member's competency or incompetency.

IX. Notice of Joint Motion to Reopen Procedures. The parties agree to provide notice of the joint motion to reopen procedures described in Section VIII of this Agreement, *supra*, as follows:

A. By the Notice Date, Defendants shall send the Joint Motion Notice and Instructions to each Removal Order Class Member who is identified in Sections VII.A-B and VII.D, *supra*, at the Removal Order Class Member's last known address (if any) associated with their removal case recorded within ICE's EARM,[6] whether inside or outside the United States.

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[6] Defendants will provide Plaintiffs with the names, alien numbers, and referenced EARM address information (if any) for these individuals in the following format structure: Address Type; Street Line 1; Street Line 2; Street Line

B. The Joint Motion Notice and Instructions shall inform the Removal Order Class Member that he or she may request that ICE join a motion to reopen his or her proceedings before the BIA or the Immigration Court. This notice shall also describe the procedure through which the Removal Order Class Member should make such a request, and include an accompanying request template, attached as Exhibit G, that the individual should send to ICE in order to request a motion to reopen.

C. Defendants shall post the notice and request template in a reasonably accessible location on the EOIR and ICE websites, pursuant to Section III, *supra*.

X. Unilateral Motion to Reopen Procedures. Any individual who was detained and unrepresented in Arizona, California, and Washington on or after November 21, 2011 (the date the Court certified the class in this case), remained detained and unrepresented when they received an order of removal before an Immigration Judge, and received neither (a) the safeguards set forth in Section III of the Court's Implementation Plan Order, Dkt. 786, nor (b) the procedural safeguards implemented pursuant to Defendants' Phase I Guidance, *see* Dkt. 663-4, shall have the ability to file a motion to reopen with the BIA or the Immigration Court, pursuant to the following provisions:

A. A motion to reopen filed by such an individual must demonstrate with evidence that the individual meets the newly-narrowed Main Class membership criteria set forth in Dkt. 690 at 1-2, and that the individual was not represented at the time the order of removal was entered before the Immigration Judge.

3; Apartment Number; PO Box; City; County; State Code; State; Postal Code; Country Code; Country.

B. A motion to reopen by such an individual must set forth argument or evidence showing that the individual has a plausible defense to removability and/or plausible grounds for relief.

C. ICE shall have the right to oppose a motion to reopen filed by an individual pursuant to this Section. For motions filed by Removal Order Class Members pursuant to this Section, however, ICE's opposition shall be limited to the following grounds:

1. The Removal Order Class Member does not meet the newly-narrowed Main Class Definition, Dkt. 690 at 1-2, or did not meet such definition at the time they had their final order of removal entered in their proceedings;
2. The Removal Order Class Member received the procedural safeguards set forth in Section III of the Court's Implementation Plan Order, Dkt. 786, or Defendants' Phase I Guidance, Dkt. 663-4;
3. Reopening the Removal Order Class Member's proceedings would be futile because the Removal Order Class Member would remain removable and/or be ineligible for relief from removal in reopened immigration proceedings;
4. The Removal Order Class Member is described in 8 U.S.C. §§ 1182(a)(3) or 1227(a)(4).

D. If the Immigration Court or the BIA denies a motion to reopen filed by an individual pursuant to this Section solely on the basis that the individual would remain removable and/or be ineligible for relief from removal in reopened immigration proceedings, the following provisions shall apply:

1. Within fourteen (14) days of such denial, or as soon as practicable upon discovering the existence of such denial,

Defendants shall notify Plaintiffs' counsel of the name and identity of the individual whose motion was denied, a copy of the order denying the motion to reopen, a copy of the individual's motion, and a copy of ICE's opposition (if any) to the individual's motion to reopen.

2. Within thirty (30) days of such denial, or as soon as practicable upon obtaining the individual's A-file, Defendants shall provide Plaintiffs' counsel with a copy of relevant documents from the A-file, including any applications, decisions and related documents submitted to U.S. Citizenship and Immigration Services ("USCIS") or EOIR, of the individual whose motion was denied. Defendants retain the right to withhold or redact any confidential or privileged information in these documents. Notwithstanding this provision, Defendants will also consider reasonable requests for additional non-confidential or non-privileged records upon Plaintiffs' showing that the records are probative to the individual's defense to removability or claim for relief.

3. Within thirty (30) days of Plaintiffs' receipt of the documents in Section X.D.2, *supra*, Plaintiffs may provide Defendants' counsel with supplemental evidence or arguments demonstrating a plausible defense to removability and/or plausible grounds for relief. Within thirty (30) days of receiving Plaintiffs' argument and evidence, Defendants shall review this evidence and argument and then determine whether they (a) will enter a joint motion to reopen; or (b) choose not to enter a

joint motion to reopen, and shall inform Plaintiffs' counsel of their decision.

4. If Defendants choose not to enter a joint motion to reopen pursuant to Section X.D.3, *supra*, the Removal Order Class Member may then file one additional motion to reopen with evidence or arguments demonstrating a plausible defense to removability, or plausible grounds for relief.

5. The second motion to reopen must be filed within ninety (90) days of the date Defendants advise Plaintiffs' counsel in writing that they will not enter a joint motion to reopen. The time and numerical limitations on motions to reopen will not bar this second motion, if it complies with the 90-day deadline set forth in this subsection. *See* Section XII, *infra*.

E. If ICE does not oppose a motion to reopen filed by an individual pursuant to this Section, such declination shall not preclude ICE from contesting any issue of fact, law, or discretion in any reopened proceedings, including, but not limited to, the individual's competency or incompetency.

XI. Notice of Unilateral Motion to Reopen Procedures.[7] The parties agree to provide notice of the unilateral motion to reopen procedures described in Section X of this Agreement, *supra*, as follows:

A. By the Notice Date, Defendants shall send the Unilateral Motion Notice and Instructions to each Removal Order Class Member identified

[7] Nothing in this Agreement is intended to limit Plaintiffs' right to send a general notice, along with the Summary Class Notice, to the U.S. and foreign consular officials of any country to which a Removal Order Class Member was removed, describing the terms of this Agreement.

pursuant to Section VI who did not receive notice pursuant to Section IX (Notice of Joint Motion to Reopen Procedures), *supra*, at the Removal Order Class Member's last known address (if any) associated with their removal case recorded within ICE's EARM,[8] whether inside or outside the United States.

B. The Unilateral Motion Notice and Instructions shall inform the Removal Order Class Member that he or she may file a motion to reopen his or her proceedings before the BIA or the Immigration Court. This notice shall also describe the procedure through which the Removal Order Class Member should file such a motion, and include an accompanying cover letter, attached as Exhibit H, that the individual should send along with his or her motion to reopen.

C. Defendants shall post the notice and cover letter in a reasonably accessible location on the EOIR and ICE websites, pursuant to Section III, *supra*.

XII. Tolling of Time and Numerical Limitations. The first motion to reopen filed by a Removal Order Class Member pursuant to this Agreement that is accepted for adjudication on the merits shall not be subject to the time or numerical limitations set forth in the Immigration and Nationality Act ("INA") and its implementing regulations, with the exception of the time deadline set forth in Section XV, *infra*. Similarly, a subsequent motion to reopen that is accepted for adjudication on the merits submitted pursuant to section X.D.4-5 shall not be subject to the time or

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[8] Defendants will provide Plaintiffs with the the names, alien numbers, and referenced EARM address information (if any) for these individuals in the following format structure: Address Type; Street Line 1; Street Line 2; Street Line 3; Apartment Number; PO Box; City; County; State Code; State; Postal Code; Country Code; Country.

numerical limitations set forth in the INA and its implementing regulations. As part of this Agreement, the Court has entered an order equitably tolling the time and numerical limitations set forth in the INA and its implementing regulations for a Removal Order Class Member's first motion to reopen filed pursuant to this Agreement that is accepted for adjudication on the merits, or subsequent motion to reopen submitted pursuant to Section X.D.4-5 that is accepted for adjudication on the merits. *See* Dkt. 786 at 26.

XIII. Inapplicability of the Post-Departure Bar. The Parties agree that, in the absence of contrary law in the applicable circuit, the so-called "post-departure bar" contained in 8 C.F.R. §§ 1003.2(d) and 1003.23(b)(1) shall not prohibit an Immigration Judge or the BIA from adjudicating a Removal Order Class Member's motion to reopen on the merits, where such motion is authorized under the terms of this Agreement.

XIV. Right of Appeal. The Parties agree that any individual may appeal the denial of his or her motion to reopen filed before EOIR pursuant to this Agreement, whether joint or unilateral, to the BIA and the Court of Appeals, pursuant to the general laws or regulations that govern appeals of the orders of the BIA or Immigration Judges. Defendants may appeal an Immigration Judge's grant of any unilateral motion to reopen filed pursuant to this Agreement to the BIA, pursuant to the general laws or regulations that govern appeals of the orders of an Immigration Judge.

XV. Deadline to Request a Joint Motion or File a Unilateral Motion. Any request to ICE to join a motion to reopen and any unilateral motion to reopen filed pursuant to this Agreement must be submitted within eighteen (18) months after the date of the Approval Hearing, except for subsequent motions to reopen filed pursuant to Section X.D, *supra*.

XVI. Facilitation of Return to the United States. In all cases concerning a Removal Order Class Member who has been physically removed from the United States and whose motion to reopen is granted by the BIA or the Immigration Judge pursuant to this Agreement, ICE agrees to take reasonable steps to facilitate the Removal Order Class Member's prompt return to the United States.

A. These reasonable steps may include, but are not limited to, reviewing and processing any paperwork necessary for the individual's return; working with the Department of State, through the U.S. Embassy or Consulate, to obtain a transportation/boarding letter on the individual's behalf; and working with U.S. Customs and Border Protection to assist in the individual's physical reentry upon arrival.

B. If a Removal Order Class Member whose motion to reopen is granted by the BIA or the Immigration Judge pursuant to this Agreement is residing in a location that is more than one hundred (100) miles away by land from any port of entry in the United States, ICE agrees to pay reasonable travel expenses for the Removal Order Class Member's return to the United States, provided that the individual is not entitled to choose the time and mode of transportation, as follows:

1. Defendants agree to pay reasonable travel expenses for all Post-Injunction Removal Order Class Members and Private Agreement Removal Order Class Members whose joint motions to reopen are granted.

2. In addition to the Removal Order Class Members described in Section XVI.B.1, *supra*, Defendants agree to pay reasonable travel expenses for the first one hundred (100) additional individuals residing in a location that is more than one hundred (100) miles away by land from any port of entry in the United

States, who file motions to reopen pursuant to this Agreement, and whose motions are granted.[9]

C. The Removal Order Class Member, upon return to the United States, shall assume the immigration status, if any, he or she held prior to entry of the removal order. The Removal Order Class Member's return to the United States shall not confer either a new benefit (e.g., an individual who was present without admission or parole prior to the entry of their removal order and who is returned pursuant to the Secretary of Homeland Security's 8 U.S.C. § 1182(d)(5)(A) parole authority under this Agreement, shall not be considered to have been "paroled" for purposes of seeking adjustment of status) or a new disability that the Removal Order Class Member did not possess prior to the date he or she received a final order of removal, with the exception of the conditions set forth in Part XVI.D, *infra*.

D. Defendants shall retain the right to make a custody determination upon a Removal Order Class Member's return to the United States pursuant to this Agreement, and, if deemed necessary or compelled by law, to detain the Removal Order Class Member upon return.

1. Any such custody determination and/or detention must comply with applicable laws and regulations. The Removal Order Class Member shall retain the right to request a new custody determination, seek a bond hearing or release from detention, or

[9] It is anticipated that there will be less than one hundred (100) individuals in the group described in Section XVI.B.2, *supra*. However, Defendants agree to consider, on a case-by-case basis, paying reasonable travel expenses for any other individuals whose motions to reopen are granted pursuant to this Agreement.

challenge the conditions of his or her detention, as any applicable laws or regulations allow.

2. If a Removal Order Class Member was detained prior to entry of a final order of removal and departing from the United States, and is detained upon his or her return to the United States pursuant to this Agreement, then ICE shall not consider the Removal Order Class Member's previous removal and departure to constitute a break in custody for the purposes of opposing a request for a bond redetermination hearing before an Immigration Judge.

3. If a Removal Order Class Member is not detained upon his or her return to the United States pursuant to this Agreement, and fails to appear at a scheduled hearing for an unexcused reason or no reason, he or she shall not be ordered removed in absentia in the reopened proceedings, unless or until (1) he or she is represented in his or her immigration proceedings or (2) he or she has been determined mentally competent by the Immigration judge prior to the failure to appear. If such Removal Order Class Member fails to appear at a scheduled hearing for an unexecused reason or no reason, he or she may be re-detained by ICE and, for purposes of any subsequent bond hearings, the failure to appear shall constitute clear and convincing evidence that the individual is a flight risk.

XVII. Enforceability and Mediation of Disputes. The Parties shall submit this Agreement to the Court for its approval. The Court shall retain jurisdiction to enforce the terms of this Agreement, and shall have the authority to order specific

performance of the terms of this Agreement upon a showing of breach by either side, subject to the procedures set forth below.

A. Except as described below in the case of an exigent circumstance, if either Party alleges that the other Party has failed to comply with the terms of this Agreement, the allegedly aggrieved Party shall make such allegations in writing and submit such allegations to the other Party, who shall have twenty-one (21) days to respond after the date the written allegations are received. No later than twenty-one (21) days after receipt of this response, the Parties shall then meet and confer in good faith in an attempt to resolve the dispute.

B. If the Parties are unable to resolve the dispute via a meet-and-confer pursuant to Section XVII.A, *supra*, the allegedly aggrieved Party may file a motion for compliance with the Court.

C. Notwithstanding the foregoing, if a violation of this Agreement will likely result in imminent and irreparable harm to a Removal Order Class Member ("Exigent Violation"), Plaintiffs must provide a Notice of Non-Compliance that identifies the exigency and the Exigent Violation.[10] Notwithstanding the time periods set forth above, Defendants shall endeavor to respond to a Notice of Exigent Violation within 72 hours, except if exigent circumstances require a shorter response. If the Parties are unable to resolve the dispute taking into account a time frame that

[10] Exigent Violations include violations that, due to their urgency, cannot effectively be remedied on the ordinary timetable for resolution of disputes set forth in Sections XVII.A-B. Examples of Exigent Violations include: a Removal Order Class Member with a final order who faces the imminent threat of physical deportation from the United States, as a result of Defendants' breach of this Agreement; and a Removal Order Class Member who has established an entitlement to return to the United States under this Agreement, and who is at imminent risk of harm, but whose return to the United States Defendants have not reasonably facilitated pursuant to this Agreement.

considers the relevant exigency, Plaintiffs' counsel may file an emergency motion before the Court to compel specific performance to remedy only the Exigent Violation without initiating any meet and confer process pursuant to the preceding subsections.

XVIII. Nondisplacement of Regular Motion to Reopen Procedures.

Defendants agree that the procedures for reopening cases set forth in this Agreement are separate and apart from the regular motion to reopen procedures already available under the immigration statues and regulations. The procedures established by the Reopening Settlement Agreement are not intended to limit or otherwise replace a Removal Order Class Member's right to seek any other form of relief, including but not limited to a motion to reopen filed pursuant to the immigration statues and regulations, or a request that ICE join a motion to reopen the Removal Order Class Member's proceedings.

Dated: 2/23/15

By: _____
AHILAN T. ARULANANTHAM
aarulanantham@aclusocal.org
Counsel for Plaintiffs

2/24/15

By: _____
LEON FRESCO
leon.fresco@usdoj.gov
Counsel for Defendants

ATTACHMENT 15

CMHE Follow up Screening-ICE Detainees

Facility: _____

Inmate/Resident Name: _____ **Date of Evaluation:** _____

Inmate/Resident No.: _____ **Date of Birth:** _____

This form is to be completed for any detainee who had "Yes" answers on the Initial Comprehensive Mental Health Evaluation. Any item marked by an asterisk (*) indicates a trigger for additional mental health assessment and/or follow up.

SECTION 1: BARRIERS TO COMMUNICATION-provider to enter "Y" or "N" for observed problems in each of the categories.

Yes	No	Observation:
		1. *Hearing
		2. *Forming Speech
		3. *Comprehension
		4. *Lack of Response
		5. *Response not Logical
		6. *Other Problems: (List):
		7. Communication Intact with No Barriers
		Questions
		In the last month, how much difficulty did you have concentrating on something for 10 minutes? □None □Some □Severe
		In the last month, how much difficulty did you have starting and maintaining a conversation? □None □Some □Severe

SECTION 2: GAUGE OF UNDERSTANDING OF SITUATION-Recommended behaviorally cut-offs for scoring on a 1-10 scale: Understanding or Not Understanding, with a potential threshold of 5 or less. Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES	NO	
		1. What is your understanding of your situation?
		Identifies immigration detention facility?
		If N: What kind of facility is this?
		If N: Are you here for criminal or immigration court?
		2. What might happen to you?
		Identifies immigration court hearing?
		Identifies potential for deportation?
		3. Who can help you?
		Identifies realistic resources?
		4. How can you communicate with people outside of the facility?
		Identifies how to access outside resources?
		SCORING: **How well did the detainee demonstrate an understanding of his/her situation?** **□1= No understanding of detainee status. Did not mention immigration or any relevant process or has erroneous beliefs. *** **□5=Limited understanding. *** **□10=Perfect understanding of detainee status. Described immigration processes and resources with accuracy and specific detail.**

SECTION 3: COGNITIVE IMPAIRMENTS-Asterisk (*) is trigger for additional MH assessment and/or treatment.

YES	NO	
		Memory Functioning:
		Register & recall 3 words after 3-minute delay: detainee repeated ____of the 3 words. If "N"*
		In the last month, did you have problems remembering to do important things?
		If Yes, Describe:
		Intellectual functioning
		How far did you get in school? Response:
		Can you read? If "N" *
		Did you learn more slowly than your classmates? If "Y" *
		If Y: Were in Special Education classes or a special School? *
		If Y: What years of school were you in special Education: Response:
		Have you ever lived alone?
		Describe your longest job.
		Cognitive impairment from head injury
		Have you ever had a head injury or head surgery?
		If Y*: Was there any change in thinking or memory?

SECTION 4: SOCIAL HISTORY (not otherwise covered by existing questions, i.e., relationships & cultural concerns)

		Marital status and family history:
		Do you have a history of violence? If so, were you the victim or the perpetrator?
		Do you have a criminal history?
		Do you have a history of alcohol abuse or dependence? Do you have a history of drug abuse or dependence?
		Do you have a history of physical abuse? Do you have a history of sexual abuse?
		Who are the most important people in your life?
		What is the most important aspect of your background or identity?

SECTION 5: HISTORY OF MEDICAL/MENTAL HEALTH TREATMENT- Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES	NO	
		ARE YOU EXPERIENCING ANY MEDICAL ISSUES OR COMPLAINTS? *IF YES RESPONSE, REFERRAL TO HEALTH SERVICES/NURSING.*
		DO ANY OF YOUR IMMEDIATE FAMILY MEMBERS HAVCE A HISOTRY OF ANY MEDICAL ISSUES? *(IF YES, LIST)*

		Do you currently take any medications?
		If "N": Have you ever been prescribed medication for mental health needs?
		Have you ever seen a mental health doctor or counselor?
		If "Y"*: Year: _____. Associated symptoms:
		Key diagnoses for further referral: bipolar disorder/schizophrenia/suicidality/schizoaffective DO
		Does have your family have a history of mental illness?
		Have you ever been in a hospital for mental health problems?
		If "Y"*: Year: _____. Associated symptoms/diagnosis:
		Key diagnoses for further referral: psychotic symptoms, depression, mania, bipolar
		If yes to any of the questions: (provider responses only)
		List attempts to contact prior facilities providers or family:
		List any new information obtained:

SECTION 6: SUICIDAL IDEATION & SELF HARM- Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES NO

		Have you ever made a suicide attempt? If "Y"*: Number of attempts: Year(s):
		Do you have a past or present history of self-inflicted cutting?
		Are you having suicidal thoughts now? If "Y"*: Plans/means/intent:
		Have you ever harmed or hurt yourself on purpose? If "Y"*
		Are you having thoughts or urges to do that here?

SECTION 7: HALLUCINATIONS/DELUSIONS/PARANOIA-Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES NO

		Do you hear things that other people do not hear such as voices? If "Y"*-What do you hear:
		Do you see things other people do not see such as visions? If "Y"*: What do you see:
		Do you currently believe that someone can control your mind? If "Y"*
		Do you think anyone is trying to harm you in any way? If "Y": What do you think is happening: **If evidence of paranoia or bizarre beliefs*

SECTION 8: DEPRESSION-Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES NO

		Do you feel sad or depressed? If "Y" – continue below
		If "Y"*: Have you gained or lost as much as two pounds in the last few weeks without trying?
		If "Y"*: Do you feel useless or sinful?
		If "Y"*: Do you feel hopeless?

SECTION 9: MANIA-Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES	NO	
		Do you need less sleep than usual? If "Y"-continue below:
		If "Y": Do you have extra energy?
		If "Y": Do you talk all of the time?
		If "Y"*: Do you have special powers?
		If "Y"*: Do you have rapid or pressured speech?

SECTION 10: ANXIETY-Asterisk (*) is trigger for additional mental health assessment and/or treatment.

		Have you ever experienced or witnessed something really terrible?
		If “Y”: Do you have disturbing memories of the event?
		If “Y”: Do you feel upset when something reminds you of the event?
		Do you feel fearful? If "Y"-continue below
		If "Y": Are you able to focus on things other than your anxiety?
		If "Y"*: When you feel fearful do you have trouble breathing?
		If "Y"*: When you feel fearful do you feel faint?
		If "Y": Do you avoid situations that worry you?

SECTION 11: IMPULSIVITY-Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES	NO	
		Do you do things without thinking?
		If "Y": Example:
		Provider Observation related to impulsivity
		Interrupts
		Blurts out responses
		Sudden movements
		Gets out of chair
		If "Y"*: Does behavior interfere with communication?

SECTION 12: OTHER BEHAVIORS RELATED TO CLASS MEMBERSHIP-Descriptions are keyed to behavioral definitions. All prompts are Y/N. If a response is "Y", a narrative description is needed. Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES	NO	
		Repetitive or unusual movements? If "Y:*: Describe:
		Responding to internal stimuli, such as voices or paranoid thoughts? If "Y"*: Describe:
		Slowed or disjointed thoughts? If "Y"*: Describe:

		Restless or distracted behavior? If "Y": Describe:
		Sad or worried appearance? If "Y", Describe:
		Poor understanding of questions? If "Y"*: Describe:
		Delayed or non-responsive to some questions? If "Y"*, Describe:
		Rapid and hard to interrupt speech? If "Y"*, Describe:
		Childlike speech, demeanor or behavior? If "Y": Describe:
		Sleep or appetite problems? If "Y": Describe:

SECTION 13: INCREASE SPECIFICTY, OBJECTIVITY AND DESCRIPTIONS FOR MHA MENTAL STATUS EXAM-Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES	NO	
		Provider Observations:
		Grooming: □Low: disheveled, strong body odor
		□High: neatly styled hair, excellent hygiene
		Behavior:
		Cooperation: □low (refusal to answer questions, argues over exam)
		□moderate (inconsistent effort in answering questions)
		□high (helpful & cooperative)
		Activity: □low (slowed or minimal movement, non-spontaneous)
		□moderate (spontaneous movement, stays seated)
		□high (constant movement, leaves chair)*
		Attention:
		□low (distracted throughout assessment, frequently asked for repeated questions)
		□moderate (loses track of questions one or two times during assessment)
		□high (focused attention to all questions)
		Orientation: Month: _____ Date: _____ Year:____ Facility: _____ Situation: _____ *If lack of orientation to year or situation**
		Affect:
		Depressed
		Anxious
		Labile
		Angry
		Elevated

		Euphoric
		Suspicious
		Congruent with mood state
		Disorganized (* if Y)
		Bizarre (* if Y)
		Grimacing (* if Y)
		Flat
		Mood
		What word describes your mood right now? Response:
		On a scale of 1-10, with 1 being the worse mood and 10 being the best mood, what number describes your mood? Response:
		Thought Process (provider observation)
		Logical
		Goal Oriented
		Loosened
		Rambling
		Over-inclusive
		Disjointed (* if Y)
		Repetitive
		Tangential (* if Y)
		Disorganized (* if Y)
		Word Salad (* if Y)
		Flight of ideas (* if Y)
		Clanging (* if Y)
		Thought content (provider Observations)
		Preoccupations -if Y: Describe:
		Grandiosity (* if Y)
		Paranoia (* if Y)
		Bizarre Thoughts-if Y*-Describe
		Nihilism (* if Y)
		Do you have special connections or Abilities? * if Y. Describe:
		Is there anyone trying to harm you or your family: If Y, describe:
		Is anyone controlling your thoughts or actions? * if Y. Describe:

SECTION 14: PERCEPTIONS-Asterisk (*) is trigger for additional mental health assessment and/or treatment.

YES	NO	
		Do you have the following:
		Auditory hallucinations (hearing things)-* if Y. Describe:
		Visual hallucinations (seeing things)-* if Y. Describe:
		Somatic/Tactile hallucinations (sensations within or on your body)-* if Y. Describe:
		Olfactory hallucinations (smelling things)-* if Y. Describe:
		Do you ever hear whispers? (*Illusion)*
		Do you ever see shadows? (*Illusion)*

SECTION 15: FUTURE ORIENTATION AND INSIGHT-Asterisk (*) is trigger for additional mental health assessment and/or treatment.

What do you think is going to happen to you? Response:

SECTION 16: OTHER

YES	NO	
		Any other observations that indicate:
		Mental illness, If Y: Describe
		Cognitive disorder, If Y: Describe:
		Class Membership, If Y: Describe:

SECTION 17: Include the following:

YES	NO	
		Does this person meet criteria for *Franco* Class Membership?

Actions Taken/Other comments: _____

QMHP Signature:_____ Date:_____

ATTACHMENT 16

PWS Addendum 1

The following paragraph is being added to the PWS for this Requirement at Section II Part C "Scope of Work:"

Virtual Attorney Visitation Capability

Virtual attorney visitation is an established facility protocol that allows attorneys (or legal representatives) to contact the facility and schedule video teleconference (VTC) visitation with their detainee client(s) at least 24-hours in advance of the desired teleconference.

The facility plant layout and design will accommodate virtual attorney visitation. The utilized space/room must be private, allowing for confidential attorney-client conversations, and must be equipped with video teleconference equipment and/or tablet(s) permitting both visual and audio communications.

The room must also have a windowed door or other mechanism that allows detainee observation for safety. While the designated space and equipment can be utilized for other purposes, it is expected that virtual attorney visitation will be made available for at least six (6) hours each day.

The following paragraph is replacing the current first paragraph of the PWS for this Requirement, located at Section IV Personnel and Staffing at Part J (Facility Staffing Plan, Floor Plan and Key Personnel).

The following paragraph is being added to the PWS for this Requirement at Section II Part F "On-Call Guard Services:"

F. On-Call Guard Services

3. e) The Contractor shall bill On-Call Transportation/Guard Hours 1 – 8 at the "regular" hourly rate, "overtime" will begin after 8 hours in a single day per employee.

The following paragraph is being added to the PWS for this Requirement at Section IV Personnel and Staffing at Part J and will wholly replace the current 1st paragraph of this section:

J. Facility Staffing Plan, Floor Plan and Key Personnel

The Contractor shall provide a staffing plan that addresses at a minimum the staffing requirements and key personnel to be employed in connection with this contract as outlined in the PWS. The Contractor shall staff the post positions in accordance with the Contractor-submitted and Government-approved Contractor Staffing Plan to include relief factors and the agreed upon detainee ramp schedule.

The number, type, and distribution of staff as described in the contract-staffing plan shall be maintained throughout the term of the contract. Written requests to change the number, type, and/or distribution of staff described in the staffing plan must be submitted to the CO, through the COR, for approval prior to implementation.

Staffing levels shall not fall below a monthly average of 85% for custody staff, 80% for health services and 85% for all other departments of the total ICE-approved staffing plan. The approved staffing levels for detention/correctional officers (custody staff) shall not fall below a monthly average of 85%. Staffing levels for all departments other than custody and health services will be calculated in the aggregate.

Each month, the Contractor shall submit to the COR the current average monthly vacancy rate and indicate any individual positions that have been vacant more than 60 days. Failure to fill any individual position within 60 days of the vacancy may result in a deduction by the CO from the monthly invoice if the vacancy in combination with other vacancies regardless of duration brings staffing levels below 85% for custody staff, 80% for health services and 85% for all other departments.

The deduction shall be based on the daily salary and benefits of the vacant position. ICE may calculate the deduction retroactive to day one of the vacancy, excluding the days for ICE's conditional approval process, starting on the day of receipt and concluding on the day conditional approval is granted. No deduction shall apply during any period the Contractor documents that a vacant position was covered through the use of overtime, contract staff or otherwise. Each month, the Contractor shall submit to the COR any Key Personnel that will be absent from the facility for over five working days. If the Key Personnel will be absent for over five working days and the contractor will not provide an "acting" position to backfill that Key Personnel position during the absence, the CO has the right to make a deduction based on the daily salary and benefits of the absent Key Personnel position.

ATTACHMENT 17

Requirement C PWS Addendum	
Location Requirements	These detention services will be performed in the location/locations specified for Requirement C in the RFP.
Estimated Population Size	
Male	950
Female	200
Juvenile	0
Family	0
Special Management unit for administrative and discipline segregation	Yes Estimated need is approximately 3-5% across overall population at facility/facilities
Expected Risk Detainees	
Level 1 (Low)	Approximately 25%
Level 1.5 (Medium Low)	Approximately 25%
Level 2 (Medium High)	Approximately 25%
Level 3 (High)	Approximately 25%
	Estimated percentages based on overall population at facility/facilities.
Facility, Detention and Administrative Space Requirements	
ICE	Administrative and support space for ICE staff to be determined based on detainee population at facility/facilities. Approximate total work space needed across facility/facilities for use by 30 Government (ICE employees) staff. Work space for this estimated staffing to including: 18 Offices 12 Cubicles 2 VTC rooms Estimates are approximates based on total bed space across facility/facilities.
U.S. Citizenship and Immigration Services **(**USCIS**)**	No need for physical CIS presence known at this time.
Executive Office for Immigration Review (EOIR) Space	Approximate total of 15 VTC capable rooms across facility/facilities for use by EOIR is needed.
Additional Administrative/Common area requirements	Per the ICE -ERO CDF Design Standards including but not limited to: ▪ Break room with kitchenette ▪ Storage/Secure File Room

	▪ Interview Room ▪ Conference Room (with VTC capability) ▪ Secure File Room ▪ Copier/Fax/Printer/Shredder Area ▪ Male Restroom (not used/shared with detainees/inmates) ▪ Female Restroom (not used/shared with detainees/inmates)
Furniture Requirements	▪ Furniture and flooring will be as per ICE-ERO Design Standards for Contract Detention Facilities (CDF) and to be replaced at a maximum 5-year life cycle ▪ Cut sheets for proposed furniture to be submitted to the COR for approval. A propose scheduled for flooring replacement and cleaning will need to be provided with the life cycle not to exceed 5 years
Additional Electronic Requirements	At least: ▪ Estimated 30 Phone numbers/lines/extensions # ▪ Estimated separate 5 fax numbers/lines/extensions # ▪ Estimated 2 VTC lines (PRI/T1) for two VTC systems per facility ▪ Estimated 1 Copiers (fax/scan capable) and supplies (such as paper and ink) per facility. Contractor is responsible for maintenance and/or replacement of copiers in the event of failure. Estimates are approximates based on total bed space across facility/facilities.
Parking	Approximate total secured/onsite parking spaces with controlled ingress and egress at facility/facilities used exclusively for 30 Government (ICE employees) as well as 5 ICE visitors. Estimates based on anticipated ICE staffing presence at facilities/facilities.
Additional Facility Requirements	
	▪ Facility/Facilities medical unit must meet Franco settlement (attached) dealing with mental health intake screening as well as care for detainees meeting said criteria. ▪ Facility/Facilities must meet LYON agreement (attached) standards
Transportation Requirements	
The transportation requirements/needs will be determined based on the location/locations proposed. Note that proposed location/locations must be within 75 miles from Bakersfield,	

<table>
<tr><td colspan="2">Fresno, Sacramento, San Francisco, Stockton, Morgan Hill, or Redding cities to maximize transportation and manpower efficiencies.

The Contractor shall assign, at a minimum, two-person teams of transportation officers, with at least one officer being a female, whenever necessary throughout a 24-hour period, 7 days a week, including weekends and holidays.</td></tr>
<tr><td>Transportation Routes</td><td>Estimated need includes, but is not limited to, transportation to/from proposed facility and nearby sub office(s).

“Based upon the establishment of <u>an up to 1,150 bed facility/facilities</u>, at 90% capacity, located within 75 miles of the cities described above and in Section F of the Solicitation, ERO estimates, in accordance with the attached route list, that the offeror will provide detainee transportation for approximately 117,757 – 118,069 miles per year within the SFR AOR. This projection is based on an estimated facility location, an evaluation on the trip types and locations within the AOR (e.g. airports, other facilities, hospitals), as well as data from the national average number, duration, and length of trips. This mileage estimate is also based on the movement of an estimated 175 - 200 detainees per month. This information shall not constitute a guaranteed minimum number of beds, detainees nor miles, nor shall it constitute a maximum number of miles required under any forthcoming contract.”

For estimate purposes only as outlined above :</td></tr>
</table>

Trip Location	Trip Type	Est. Miles (Round Trip)
Los Banos Airport	Air Removal	2.6
Merced Regional Airport	Air Removal	84
Modesto City County Airport	Air Removal	86
ICE Air - Oakland, CA	Air Removal	220
Los Banos Airport	Air Transfer	2.6
Merced Regional Airport	Air Transfer	84
Modesto City County Airport	Air Transfer	86
ICE Air - Oakland, CA	Air Transfer	220
San Bernardino/LOS Agreement	Land Removal	636
SFR Immigration Court (FCI Dublin)	Legal	170
Memorial Hospital Los Banos	Medical	3
Golden Valley Health Centers	Medical	3
Fresno County Jail	Pick up	141
Yuba County Jail	Pick up	228
Santa Clara County Jail	Pick up	162.4
San Francisco Field Office	Pick up	240
Release	Release	20
Fresno County Jail	Transfer	141
Yuba County Jail	Transfer	228
Santa Clara County Jail	Transfer	162.4
San Francisco Field Office	Transfer	240

Trip Type	% of Trips by Trip Type	Avg. # of Detainees	Est. Miles (Monthly)	Est. Miles (Annual)
Air Removal	3%	10	425	5,104
Air Transfer	2%	13	425	5,104
Ambulance	0%	2	0	0
Land Removal	5%	9	2,756	33,072
Legal	15%	7	1,473	17,680
Medical	25%	1	234	2,808
Other	0%	1	0	0
Pick up	15%	7	1,671	20,056
Release	10%	2	347	4,160
Stationary Duty	0%	1	0	0
Transfer	25%	6	2,507	30,085
TOTAL	**100%**	**5**	**9,839**	**118,069**

Note this estimate is only as a reference and shall not constitute a minimum or maximum under any forthcoming contract.

Any transportation routes will need to be finalized once facility/facilities location(s) have been determined.

Transportation Guaranteed Minimum mileage	N/A
Guard Services	

Minimum Hours	N/A
Required postings/patrols	*Provide if applicable*
Training	
	The Contractor shall submit a training forecast and lesson plans to the COR or ICE designee at least 30 days prior to all training.
DTS Contractor	

ICE DTS Contractor Information:

DTS
Talton Communications
910 Ravenwood Dr.
Selma, AL 36701

Robin Hall
Customer Relations Manager
(334) 375-7842
robin@taltoncommunications.com

Mike Oslund
Operations Manager
(334) 375-4200
michael@taltoncommunications.com

ATTACHMENT 18

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE OF
	70CDCR20R00000002	COMPLIANT PRICING
NAME OF OFFEROR OR CONTRACTOR	The GEO Group, Inc.	REQUIREMENT C

MESA VERDE ICE PROCESSING CENTER

(A) ITEM NO.	(B) SUPPLIES/SERVICES	(C) QUANTITY	(D) UNIT	(E) UNIT PRICE	(F) AMOUNT
0001A	Mesa Verde Transition (if needed) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 02/19/2020	Monthly	0	**$0.00**	**$0.00**
0001B1	Golden State Pre-Transition / Mobilization Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 06/19/2020	Monthly	6	**$50,000.00**	**$300,000.00**
0001B2	Golden State Transition Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 06/20/2020 to 08/19/2020	Monthly	2	**$100,000.00**	**$200,000.00**
0001C1	Central Valley Pre-Transition / Mobilization Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 06/19/2020	Monthly	6	**$50,000.00**	**$300,000.00**
0001C2	Central Valley Transition Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 06/20/2020 to 08/19/2020	Monthly	2	**$100,000.00**	**$200,000.00**

0002A	Mesa Verde Detention Bed Day Rate				**$98,311,078.57**
	Guaranteed Minimum				
	(1 to 320 beds)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2019 to 12/19/2020	117,120	BD	**$163.3824**	
	12/20/2020 to 12/19/2021	116,800	BD	**$165.6800**	
	12/20/2021 to 12/19/2022	116,800	BD	**$168.0500**	
	12/20/2022 to 12/19/2023	116,800	BD	**$170.5100**	
	12/20/2023 to 12/19/2024	117,120	BD	**$173.1600**	
0002B	Golden State Detention Bed Day Rate				**$142,606,968.00**
	Guaranteed Minimum				
	(1 to 560 beds)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	08/20/2020 to 12/19/2020	68,320	BD	**$157.00**	
	12/20/2020 to 12/19/2021	204,400	BD	**$158.57**	
	12/20/2021 to 12/19/2022	204,400	BD	**$160.27**	
	12/20/2022 to 12/19/2023	204,400	BD	**$162.02**	
	12/20/2023 to 12/19/2024	204,960	BD	**$163.90**	
0002C	Central Valley Detention Bed Day Rate				**$142,606,968.00**
	Guaranteed Minimum				
	(1 to 560 beds)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	08/20/2020 to 12/19/2020	68,320	BD	**$157.00**	
	12/20/2020 to 12/19/2021	204,400	BD	**$158.57**	
	12/20/2021 to 12/19/2022	204,400	BD	**$160.27**	
	12/20/2022 to 12/19/2023	204,400	BD	**$162.02**	
	12/20/2023 to 12/19/2024	204,960	BD	**$163.90**	

0003A	Mesa Verde Detention Bed Day Rate				**$8,725,173.60**
	Above Guaranteed Minimum Rate				
	(321 to 400 beds)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2019 to 12/19/2020	29,280	BD	**$58.00**	
	12/20/2020 to 12/19/2021	29,200	BD	**$58.82**	
	12/20/2021 to 12/19/2022	29,200	BD	**$59.66**	
	12/20/2022 to 12/19/2023	29,200	BD	**$60.53**	
	12/20/2023 to 12/19/2024	29,280	BD	**$61.47**	
0003B	Golden State Detention Bed Day Rate				**$16,349,530.40**
	Above Guaranteed Minimum Rate				
	(561 to 700 beds)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	08/20/2020 to 12/19/2020	17080	BD	**$72.00**	
	12/20/2020 to 12/19/2021	51100	BD	**$72.72**	
	12/20/2021 to 12/19/2022	51100	BD	**$73.50**	
	12/20/2022 to 12/19/2023	51100	BD	**$74.30**	
	12/20/2023 to 12/19/2024	51240	BD	**$75.16**	
0003C	Central Valley Detention Bed Day Rate				**$16,349,530.40**
	Above Guaranteed Minimum Rate				
	(561 to 700 beds)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	08/20/2020 to 12/19/2020	17080	BD	**$72.00**	
	12/20/2020 to 12/19/2021	51100	BD	**$72.72**	
	12/20/2021 to 12/19/2022	51100	BD	**$73.50**	
	12/20/2022 to 12/19/2023	51100	BD	**$74.30**	
	12/20/2023 to 12/19/2024	51240	BD	**$75.16**	

0004A	Mesa Verde Transportation Mileage $.58 per mile (IAW with current Joint Travel Regulations rates) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024					
0004B	Golden State Transportation Mileage $.58 per mile (IAW with current Joint Travel Regulations rates) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024					
0004C	Central Valley Transportation Mileage $.58 per mile (IAW with current Joint Travel Regulations rates) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024					
0005A	Mesa Verde On Call / Transportation Guard Hours Hourly Rate NTE Amount: TBD Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024					
0005B	Golden State On Call / Transportation Guard Hours Hourly Rate NTE Amount: TBD Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024					
0005C	Central Valley On Call / Transportation Guard Hours Hourly Rate NTE Amount: TBD Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024					

0006A	Mesa Verde On Call / Transportation Guard Hours Overtime Hourly Rate NTE Amount: TBD Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024	100000	HRS	**$77.89**	**$7,789,000.00**
0006B	Golden State On Call / Transportation Guard Hours Overtime Hourly Rate NTE Amount: TBD Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024	100000	HRS	**$77.89**	**$7,789,000.00**
0006C	Central Valley On Call / Transportation Guard Hours Overtime Hourly Rate NTE Amount: TBD Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024	100000	HRS	**$77.89**	**$7,789,000.00**
0007A	Mesa Verde Detainee Work Program Rate: $1.00 Per Day Per Detainee (if applicable) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024	250000	EA	**$1.00**	**$250,000.00**
0007B	Golden State Detainee Work Program Rate: $1.00 Per Day Per Detainee (if applicable) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024	250000	EA	**$1.00**	**$250,000.00**
0007C	Central Valley Detainee Work Program Rate: $1.00 Per Day Per Detainee (if applicable) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024	250000	EA	**$1.00**	**$250,000.00**

0008A	Mesa Verde Surge/Facility Upgrades At the request of ICE, GEO has included $5,000,000 for the facility upgrades until the final design requirements are issued by ICE. *Not to be priced Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024				**$5,000,000.00**
0008B	Golden State Surge/Facility Upgrades At the request of ICE, GEO has included $5,000,000 for the facility upgrades until the final design requirements are issued by ICE. *Not to be priced Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024				**$5,000,000.00**
0008C	Central Valley Surge/Facility Upgrades At the request of ICE, GEO has included $5,000,000 for the facility upgrades until the final design requirements are issued by ICE. *Not to be priced Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2019 to 12/19/2024				**$5,000,000.00**

1001A	Mesa Verde Detention Bed Day Rate				**$105,914,771.20**
	Guaranteed Minimum				
	(1 to 320 beds)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2024 to 12/19/2025	116,800	BD	**$175.65**	
	12/20/2025 to 12/19/2026	116,800	BD	**$178.35**	
	12/20/2026 to 12/19/2027	116,800	BD	**$181.14**	
	12/20/2027 to 12/19/2028	117,120	BD	**$184.16**	
	12/20/2028 to 12/19/2029	116,800	BD	**$187.00**	
1001B	Golden State Detention Bed Day Rate				**$173,498,908.80**
	Guaranteed Minimum				
	(1 to 560 beds)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2024 to 12/19/2025	204400	BD	**$165.68**	
	12/20/2025 to 12/19/2026	204400	BD	**$167.60**	
	12/20/2026 to 12/19/2027	204400	BD	**$169.59**	
	12/20/2027 to 12/19/2028	204960	BD	**$171.73**	
	12/20/2028 to 12/19/2029	204400	BD	**$173.75**	
1001C	Central Valley Detention Bed Day Rate				**$173,498,908.80**
	Guaranteed Minimum				
	(1 to 560 beds)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2024 to 12/19/2025	204400	BD	**$165.68**	
	12/20/2025 to 12/19/2026	204400	BD	**$167.60**	
	12/20/2026 to 12/19/2027	204400	BD	**$169.59**	
	12/20/2027 to 12/19/2028	204960	BD	**$171.73**	
	12/20/2028 to 12/19/2029	204400	BD	**$173.75**	

1002A	Mesa Verde Detention Bed Day Rate				**$9,399,161.60**
	Above Guaranteed Minimum Rate				
	(321 to 400 beds)				
	(Option Line Item)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2024 to 12/19/2025	29,200	BD	**$62.35**	
	12/20/2025 to 12/19/2026	29,200	BD	**$63.31**	
	12/20/2026 to 12/19/2027	29,200	BD	**$64.30**	
	12/20/2027 to 12/19/2028	29,280	BD	**$65.37**	
	12/20/2028 to 12/19/2029	29,200	BD	**$66.38**	
1002B	Golden State Detention Bed Day Rate				**$19,890,969.00**
	Above Guaranteed Minimum Rate				
	(561 to 700 beds)				
	(Option Line Item)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2024 to 12/19/2025	51,100	BD	**$75.98**	
	12/20/2025 to 12/19/2026	51,100	BD	**$76.86**	
	12/20/2026 to 12/19/2027	51,100	BD	**$77.77**	
	12/20/2027 to 12/19/2028	51,240	BD	**$78.75**	
	12/20/2028 to 12/19/2029	51,100	BD	**$79.68**	
1002C	Central Valley Detention Bed Day Rate				**$19,890,969.00**
	Above Guaranteed Minimum Rate				
	(561 to 700 beds)				
	(Option Line Item)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2024 to 12/19/2025	51,100	BD	**$75.98**	
	12/20/2025 to 12/19/2026	51,100	BD	**$76.86**	
	12/20/2026 to 12/19/2027	51,100	BD	**$77.77**	
	12/20/2027 to 12/19/2028	51,240	BD	**$78.75**	
	12/20/2028 to 12/19/2029	51,100	BD	**$79.68**	

1003A	Mesa Verde Transportation Mileage (Mileage reimbursed in accordance with JTC rates) $.58 per mile (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029					
1003B	Golden State Transportation Mileage (Mileage reimbursed in accordance with JTC rates) $.58 per mile (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029					
1003C	Central Valley Transportation Mileage (Mileage reimbursed in accordance with JTC rates) $.58 per mile (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029					
1004A	Mesa Verde On Call / Transportation Guard Hours Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029					
1004B	Golden State On Call / Transportation Guard Hours Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029					
1004C	Central Valley On Call / Transportation Guard Hours Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029					

1005A	Mesa Verde On Call / Transportation Guard Hours Overtime Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029	100000	HRS	**$77.89**	**$7,789,000.00**
1005B	Golden State On Call / Transportation Guard Hours Overtime Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029	100000	HRS	**$77.89**	**$7,789,000.00**
1005C	Central Valley On Call / Transportation Guard Hours Overtime Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029	100000	HRS	**$77.89**	**$7,789,000.00**
1006A	Mesa Verde Detainee Work Program Rate: $1.00 Per Day Per Detainee (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029	250000	EA	**$1.00**	**$250,000.00**
1006B	Golden State Detainee Work Program Rate: $1.00 Per Day Per Detainee (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029	250000	EA	**$1.00**	**$250,000.00**
1006C	Central Valley Detainee Work Program Rate: $1.00 Per Day Per Detainee (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029	250000	EA	**$1.00**	**$250,000.00**

1007A	Mesa Verde Surge/Facility Upgrades At the request of ICE, GEO has included $5,000,000 for the facility upgrades until the final design requirements are issued by ICE. (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029				**$5,000,000.00**
1007B	Golden State Surge/Facility Upgrades At the request of ICE, GEO has included $5,000,000 for the facility upgrades until the final design requirements are issued by ICE. (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029				**$5,000,000.00**
1007C	Central Valley Surge/Facility Upgrades At the request of ICE, GEO has included $5,000,000 for the facility upgrades until the final design requirements are issued by ICE. (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2024 to 12/19/2029				**$5,000,000.00**

2001A	Mesa Verde Detention Bed Day Rate				**$114,918,220.80**
	Guaranteed Minimum				
	(1 to 320 beds)				
	(Option Line Item)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2029 to 12/19/2030	116,800	BD	**$190.08**	
	12/20/2030 to 12/19/2031	116,800	BD	**$193.25**	
	12/20/2031 to 12/19/2032	117,120	BD	**$196.69**	
	12/20/2032 to 12/19/2033	116,800	BD	**$199.92**	
	12/20/2033 to 12/19/2034	116,800	BD	**$203.41**	
2001B	Golden State Detention Bed Day Rate				**$184,682,523.20**
	Guaranteed Minimum				
	(1 to 560 beds)				
	(Option Line Item)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2029 to 12/19/2030	204400	BD	**$175.93**	
	12/20/2030 to 12/19/2031	204400	BD	**$178.19**	
	12/20/2031 to 12/19/2032	204960	BD	**$180.62**	
	12/20/2032 to 12/19/2033	204400	BD	**$182.91**	
	12/20/2033 to 12/19/2034	204400	BD	**$185.39**	
2001C	Central Valley Detention Bed Day Rate				**$184,682,523.20**
	Guaranteed Minimum				
	(1 to 560 beds)				
	(Option Line Item)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2029 to 12/19/2030	204400	BD	**$175.93**	
	12/20/2030 to 12/19/2031	204400	BD	**$178.19**	
	12/20/2031 to 12/19/2032	204960	BD	**$180.62**	
	12/20/2032 to 12/19/2033	204400	BD	**$182.91**	
	12/20/2033 to 12/19/2034	204400	BD	**$185.39**	

2002A	Mesa Verde Detention Bed Day Rate				**$10,197,260.80**
	Above Guaranteed Minimum Rate				
	(321 to 400 beds)				
	(Option Line Item)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2029 to 12/19/2030	29,200	BD	**$67.47**	
	12/20/2030 to 12/19/2031	29,200	BD	**$68.59**	
	12/20/2031 to 12/19/2032	29,280	BD	**$69.81**	
	12/20/2032 to 12/19/2033	29,200	BD	**$70.96**	
	12/20/2033 to 12/19/2034	29,200	BD	**$72.20**	
2002B	Golden State Detention Bed Day Rate				**$21,173,639.20**
	Above Guaranteed Minimum Rate				
	(561 to 700 beds)				
	(Option Line Item)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2029 to 12/19/2030	51100	BD	**$80.68**	
	12/20/2030 to 12/19/2031	51100	BD	**$81.72**	
	12/20/2031 to 12/19/2032	51240	BD	**$82.83**	
	12/20/2032 to 12/19/2033	51100	BD	**$83.88**	
	12/20/2033 to 12/19/2034	51100	BD	**$85.02**	
2002C	Central Valley Detention Bed Day Rate				**$21,173,639.20**
	Above Guaranteed Minimum Rate				
	(561 to 700 beds)				
	(Option Line Item)				
	Product / Service Code S206				
	Product / Service Description: Housekeeping-Guard				
	Period of Performance:				
	12/20/2029 to 12/19/2030	51100	BD	**$80.68**	
	12/20/2030 to 12/19/2031	51100	BD	**$81.72**	
	12/20/2031 to 12/19/2032	51240	BD	**$82.83**	
	12/20/2032 to 12/19/2033	51100	BD	**$83.88**	
	12/20/2033 to 12/19/2034	51100	BD	**$85.02**	

2003A	Mesa Verde Transportation Mileage (Mileage reimbursed in accordance with JTC rates) $.58 per mile (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034					
2003B	Golden State Transportation Mileage (Mileage reimbursed in accordance with JTC rates) $.58 per mile (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034					
2003C	Central Valley Transportation Mileage (Mileage reimbursed in accordance with JTC rates) $.58 per mile (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034					
2004A	Mesa Verde On Call / Transportation Guard Hours Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034					
2004B	Golden State On Call / Transportation Guard Hours Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034					
2004C	Central Valley On Call / Transportation Guard Hours Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034					

2005A	Mesa Verde On Call / Transportation Guard Hours Overtime Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034	100000	HRS	**$77.89**	**$7,789,000.00**
2005B	Golden State On Call / Transportation Guard Hours Overtime Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034	100000	HRS	**$77.89**	**$7,789,000.00**
2005C	Central Valley On Call / Transportation Guard Hours Overtime Hourly Rate (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034	100000	HRS	**$77.89**	**$7,789,000.00**
2006A	Mesa Verde Detainee Work Program Rate: $1.00 Per Day Per Detainee (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034	250000	EA	**$1.00**	**$250,000.00**
2006B	Golden State Detainee Work Program Rate: $1.00 Per Day Per Detainee (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034	250000	EA	**$1.00**	**$250,000.00**
2006C	Central Valley Detainee Work Program Rate: $1.00 Per Day Per Detainee (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034	250000	EA	**$1.00**	**$250,000.00**

2007A	Mesa Verde Surge/Facility Upgrades At the request of ICE, GEO has included $5,000,000 for the facility upgrades until the final design requirements are issued by ICE. (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034				**$5,000,000.00**
2007B	Golden State Surge/Facility Upgrades At the request of ICE, GEO has included $5,000,000 for the facility upgrades until the final design requirements are issued by ICE. (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034				**$5,000,000.00**
2007C	Central Valley Surge/Facility Upgrades At the request of ICE, GEO has included $5,000,000 for the facility upgrades until the final design requirements are issued by ICE. (Option Line Item) Product / Service Code S206 Product / Service Description: Housekeeping-Guard Period of Performance: 12/20/2029 to 12/19/2034				**$5,000,000.00**

$1,582,221,743.77

ATTACHMENT 19

U.S. Department of Homeland Security
Immigration and Customs Enforcement



Section C
Performance Work Statement
Detention Services
(California-Wide)
(October 25 2019)

TABLE OF CONTENTS

TABLE OF CONTENTS 2
I. EXPLANATION OF TERMS/ACRONYMS 4
II. PERFORMANCE WORK STATEMENT 12
A. Objective 12
B. Background and Mission 12
C. Scope of Work 12
D. Facilities 14
E. Armed Transportation Services: 16
F. On-Call Guard Services 19
G. Notice to Proceed 20
III. GENERAL 21
A. Notification and Public Disclosures 21
B. Records 21
C. Right of Refusal 22
D. Hold Harmless 22
E. Quality Control 22
F. Quality Assurance Surveillance Plan (QASP) 23
G. Contractor's Failure to Perform Required Services 24
H. Inspection by Regulatory Agencies 24
I. Performance Evaluation Meetings 24
IV. PERSONNEL AND STAFFING 24
A. General 25
B. Preliminary Fitness Determination 25
C. Background Investigations 26
D. Transfers from Other DHS Contracts: 28
E. Continued Eligibility 28
F. Required Reports 28
G. Security Management 29
H. Information Technology Security Clearance 30
I. Information Technology Security Training and Oversite 30
J. Facility Staffing Plan, Floor Plan and Key Personnel 31
K. Employee Health 33
L. Contractor's Employee Rules 35
M. Minimum Standards of Employee Conduct 35
N. Removal from Duty 36
O. Tour of Duty Restrictions 37
P. Dual Positions 38
Q. Post Relief 38
R. Personnel Files 38
S. Uniform Requirements 38
T. Permits and Licenses 39
U. Encroachment 39
V. Work Schedules 40
W. Training 41
V. DETENTION SERVICES 45
A. Detention Site Standards 45

B. Language Access 45
C. Health and Medical Care Policies 46
D. Medical Services 46
E. Detainee Voluntary Work Program (if applicable) 57
VI. REQUIRED ADMINISTRATION AND MANAGEMENT SERVICES 57
A. Manage the Receiving and Discharge of Detainees 57
B. Manage and Account for Detainee Assets (Funds, Property) 59
C. Securely Operate the Facility 59
D. Establish and Maintain a Program for the Prevention of Sexual Abuse/Assault 59
E. Collect and Disseminate Intelligence Information 60
F. ICE Notifications 60
G. Maintain Institutional Emergency Readiness 60
H. Manage Computer Equipment and Services in Accordance with all Operational Security Requirements 61
I. Manage and Maintain a Commissary 61
J. Manage and Maintain a Detainee Telephone System (DTS) 62
VII. FACILITY SECURITY AND CONTROL 63
A. Security and Control (General) 63
B. Detainee Rights 63
C. Unauthorized Access 64
D. Direct Supervision of Detainees 64
E. Maintain a Video Surveillance Program 64
F. Log Books 64
G. Reports 65
H. Detainee Counts 65
I. Daily Inspections 65
J. Deviation from Prescribed Schedule Assignments 66
K. Use of Force and Restraints 66
L. Escapes 66
M. Evacuation Plan 67
N. Sanitation and Hygienic Living Conditions 67
O. Physical Plant 67
P. Environmental Policy Procedures: 68
VIII. FOOD SERVICE 70
IX. PROPERTY ACCOUNTABILITY 70
A. General 70
B. Use of Government Wireless Communication Devices 71
X. FIREARMS / BODY ARMOR 71
A. Firearms Requirements 71
B. Body Armor Requirements 73
XI. Transition 73
A. Transition-In 73
B. Transition-Out 74

I. EXPLANATION OF TERMS/ACRONYMS

1. ADMINISTRATIVE SEGREGATION: A form of separation from the general population used when the continued presence of the detainee in the general population would pose a threat to life, property, self, staff, or other detainees or to the security or orderly running of the facility. This housing status also includes detainees who require protective custody, those who cannot be placed in the local population because they are in route to another facility (holdovers), those who are awaiting a hearing before a disciplinary panel, and those requiring separation for medical reasons.
2. ADULT LOCAL DETENTION FACILITY (ALDF): A facility which detains persons over the age of 18.
3. ALIEN: Any person who is not a citizen or national of the United States.
4. AMERICAN CORRECTIONAL ASSOCIATION (ACA): The American Correctional Association is the oldest and largest international correctional association in the world. ACA serves all disciplines within the corrections profession and is dedicated to excellence in every aspect of the field.
5. BED-DAY: The total billable cost to the Government to maintain and house one detainee for one day. Bed-day means a detainee that is referred to a contractor for detention. The bed days are calculated by subtracting the date booked into custody from the date released from custody. The contractor may charge for day of arrival, but not day of departure.
6. BED-DAY RATE: The rate charged for each individual detainee per day. Bed-day rate is an all-inclusive burdened rate including direct costs, indirect costs, overhead, and profit necessary to provide the detention, and food service requirements as described in the PWS.
7. BOOKING: A procedure for the admission of an ICE detainee, which includes searching, fingerprinting, photographing, medical screening, and collecting personal history data. Booking also includes the inventory and storage of the individual's accompanying personal property. The Contractor may be responsible for booking the detainee into ICE systems upon receiving the detainee.
8. BUREAU OF PRISONS (BOP): The U.S. Federal Bureau of Prisons protects society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.
9. CATEGORICAL EXCLUSION (CATEX): A determination that a particular activity that does not need to undergo detailed environmental analysis in an Environmental Assessment (EA) or Environmental Impact Statement (EIS) because it has been found to normally not have the potential, individually or cumulatively, to have a significant effect on the human environment.
10. CLASSIFICATION: A process for determining the needs and requirements of aliens for whom detention has been ordered and for assigning them to housing units and programs according to their needs, security risk level, and existing resources of the facility.
11. CONTRABAND: Items that pose a threat to the security of people or property. A contraband item fits into either the category of hard or soft contraband as defined below:

a) Hard Contraband: Any item that is inherently dangerous as a weapon or tool of violence, e.g., knife, explosives, "zipgun," brass knuckles. Because hard contraband presents an immediate physical threat in or to the facility, a detainee found in possession of hard contraband could face disciplinary action or criminal prosecution.
b) Soft Contraband: Any item that presents a nuisance, which does not pose a direct and immediate threat to an individual's safety. None-the-less, soft contraband has the potential to create dangerous or unsanitary conditions in the facility, such as excess papers that create a fire hazard, food items that are spoiled or retained beyond the point of safe consumption, etc.

12. CONTRACTING OFFICER (CO): An employee of the Government responsible for the complete conduct and integrity of the contracting process, including administration after award. The only individual authorized to issue changes to this contract.
13. CONTRACTING OFFICER'S REPRESENTATIVE (COR): Employees of the Government responsible for monitoring all technical aspects and assisting in administering the contract.
14. CONTRACTOR: The entity, which provides the services, described in this Performance Work Statement (PWS).
15. CONTRACTOR EMPLOYEE: An employee of a private Contractor hired to perform a variety of detailed services under this contract.
16. CONTROL ROOM: Integrates all internal and external security communications networks within a secure room. Activities conducted within the control room have a critical impact on the institution's orderly and secure operation.
17. CREDENTIALS: Document providing primary source verification including education, training, licensure, experience, board certification, and expertise of an employee.
18. DEPARTMENT OF HOMELAND SECURITY (DHS): A department of the United States Government, which includes U.S. Immigration and Customs Enforcement (ICE).
19. DEPARTMENT OF JUSTICE (DOJ): A department of the United States Government, which includes the Executive Office of Immigration Review (EOIR), the Federal Bureau of Investigation (FBI), the Federal Bureau of Prisons (BOP), and the U.S. Marshals Service (USMS).
20. DESIGNATED SERVICE OFFICIAL: An employee of U.S. Immigration and Customs Enforcement designated in writing by the ICE Field Office Director (FOD) to represent ICE on matters pertaining to the operation of the facility.
21. DETAINEE: Any person confined under the auspices and the authority of any Federal agency. Many of those being detained may have substantial and varied criminal histories.
22. DETAINEE RECORDS: Information concerning the individual's personal, criminal and medical history, behavior, and activities while in custody, including, but not limited to:
    a) Detainee, Personal Property
    b) Receipts, Visitors List, Photographs
    c) Fingerprints, Disciplinary Infractions
    d) Actions Taken, Grievance Reports, Medical
    e) Records, Work Assignments, Program Participation
    f) Miscellaneous Correspondence, etc.
23. DETENTION OFFICERS: Contractor's uniformed staff members responsible for the security, care, transportation, and supervision of detainees during all phases of activity in

a detention facility. The officer is also responsible for the safety and security of the facility.

24. DETENTION STANDARDS COMPLIANCE UNIT (DSCU): The purpose of the DSCU is to develop and prescribe policies, standards, and procedures for ICE detention operations and to ensure detention facilities are operated in a safe, secure, and humane condition for both detainees and staff.
25. DIRECT SUPERVISION: A method of detainee management that ensures continuing direct contact between detainees and staff by posting an officer(s) inside each housing unit. Officers in general housing units are not separated from detainees by a physical barrier. Officers provide frequent, non-scheduled observation of and personal interaction with detainees.
26. DIRECTIVE: A document issued by the U.S. Government and signed by the President, Departmental Secretary, or an Assistant Secretary that establishes policy, delegates' authority, and/or assigns responsibilities.
27. DISCIPLINARY SEGREGATION: A unit housing detainees who commit serious rule violations.
28. EMERGENCY: Any significant disruption of normal facility procedure, policy, or activity caused by riot, strike, escape, fire, medical exigency, natural disaster, or other serious incident.
29. EMERGENCY CARE: Care for an acute illness or unexpected serious health care need that cannot be deferred until the next scheduled sick call.
30. ENFORCEMENT AND REMOVAL OPERATIONS (ERO): A division within ICE, whose mission is the planning, management, and direction of broad programs relating to the supervision, detention, and removal of detainees who are in the United States illegally.
31. ENTRY ON DUTY (EOD): The first day the employee begins performance at a designated duty station on this contract.
32. ENVIRONMENTAL ASSESSMENT (EA): A concise public document for which a Federal agency is responsible that serves to: briefly provide sufficient evidence and analysis for determining whether to prepare an EIS or a Finding of No Significant Impact (FONSI), aid an agency's compliance with the National Environmental Policy Act (NEPA) when no EIS is necessary, and facilitate preparation of an EIS when one is necessary.
33. ENVIRONMENTAL IMPACT EVALUATION: The process of determining the level of significance of a potential impact on the human environment. It includes all necessary information needed to analyze the potential for environmental impact of a proposed action, assign a value to the level of impact (e.g., minor, moderate, or major), consider mitigation, and determine the level of significance; whether significant or not. An environmental impact evaluation results in either the application of a CATEX, documentation in the form of an EA and FONSI or a final EIS and Record of Decision (ROD).
34. ENVIRONMENTAL IMPACT STATEMENT (EIS): A detailed written statement as required by section 102(2)(C) of the NEPA. It is a comprehensive document that provides full and fair discussion of significant environmental impacts caused by the proposed action(s). It also states the reasonable alternatives, and which of those would

avoid or minimize the adverse impact(s) or enhance the quality of the human environment.

35. EXECUTIVE OFFICE OF IMMIGRATION REVIEW (EOIR): An agency of DOJ. The primary mission of the Executive Office for Immigration Review (EOIR) is to adjudicate immigration cases by fairly, expeditiously, and uniformly interpreting and administering the Nation's immigration laws. Under delegated authority from the Attorney General, EOIR conducts immigration court proceedings, appellate reviews, and administrative hearings.
36. EXTRAORDINARY CIRCUMSTANCES: When evaluating whether or not to apply a CATEX to a proposed action, these are circumstances associated with the proposed action that might give rise to significant environmental effects requiring further analysis and documentation in an EA or EIS.
37. FACILITY: The physical plant and grounds in which the Contractor's services are operated.
38. FACILITY ADMINISTRATOR: The official, regardless of local title (e.g., jail administrator, Warden, Facility Director, superintendent), who has the ultimate responsibility for managing and operating the contracted detention facility. The qualifications for the holder of this office shall be consistent with ACA standards.
39. FINDING OF NO SIGNIFICANT IMPACT (FONSI): A document by a Federal agency briefly presenting the reasons why an action, not otherwise excluded, will not have a significant effect on the human environment, and for which an EIS therefore will not be prepared.
40. FIRST AID: Health care for a condition that requires immediate assistance from an individual trained in first aid care and the use of the facility's first aid kits.
41. FLIGHT OPERATIONS UNIT (FOU): The FOU is the principal mass air transportation and manages government and contract flights.
42. GOVERNMENT: Refers to the United States Government.
43. GRIEVANCE: A written complaint filed by a detainee with the facility administrator concerning personal health/welfare or the operations and services of the facility.
44. HEALTH AUTHORITY: The physician, health administrator, or agency on-site that is responsible for health care services pursuant to a written agreement, contract, or job description.
45. HEALTH CARE: The action taken, preventive and therapeutic. To provide for the physical and mental well-being of the detainee population. Health care may include medical services, dental services, mental health services, nursing, personal hygiene, dietary services, and environmental conditions at the facility.
46. HEALTH CARE PERSONNEL: Duly licensed individuals whose primary duties are to provide health services to detainees in keeping with their respective levels of health care training or experience.
47. HEALTH UNIT (HU): The physical area in the facility and organizational unit set-aside for routine health care and sick call. The HU is the designated part of the facility for the delivery of care to detainees on an ambulatory or observation basis.
48. ICE Designee- ICE personnel designated by the COR.
49. ICE HEALTH SERVICES CORP (IHSC): The ICE Health Service Corps serves as the medical authority for ICE on a wide range of medical issues, including the agency's comprehensive detainee health care program.

50. ICE Vehicle Control Officer – ICE personnel responsible for fleet management of government vehicles.
51. IMMEDIATE RELATIVES: Spouses, children (including stepchildren and adopted children) and their spouses, parents (including stepparents), brothers and sisters (including stepbrothers and sisters and half-brothers and sisters) and their spouses.
52. IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE): A law enforcement agency within the U.S. Department of Homeland Security.
53. INCIDENT REPORT: A written document reporting an event, such as minor disturbances, officer misconduct, any detainee rule infraction, etc.
54. JUVENILE DETAINEE: Any detainee under the age of eighteen (18) years.
55. KEY PERSONNEL: Any one of the following positions employed by the Contractor; Warden or Facility Director, Assistant Warden or Assistant Facility Director, Supervisory Detention Officer, Training Officers, Quality Assurance Manager.
56. LIFE SAFETY CODE: A manual published by The National Fire Protection Association specifying minimum standards for fire safety necessary in the public interest.
57. LOG BOOK: The official record of post operations and inspections.
58. MAN-HOUR: Man-hour means productive hours when the required services are performed. Only productive hours can be billed and invoiced.
59. MEDICAL RECORDS: Separate records of medical examinations and diagnosis maintained by the responsible physician or nurse. The following information from these records shall be transferred to the detainee record: date and time of all medical examinations; and, copies of standing or direct medical orders from the physician to the facility staff.
60. MEDICAL SCREENING: A system of structured observation and/or initial health assessment to identify newly-arrived detainees who could pose a health or safety threat to themselves or others.
61. MILEAGE RATE: A fully burdened rate inclusive of the mileage rate in accordance with General Service Administration Federal Travel Regulation, vehicle equipment, maintenance, and fuel costs.
62. NEPA-COMPLIANCE DOCUMENT: A document by a Federal agency that records how the agency meets the requirements of NEPA through the evaluation of the proposed action. This document could be a CATEX, EA and FONSI, or EIS and ROD.
63. NON-CONTACT VISITATION: Visitation that restricts detainees from having physical contact with visitors using physical barriers such as screens and/or glass. Voice communications between the parties are typically accomplished with telephones or speakers.
64. NON-DEADLY FORCE: The force a person uses with the purpose of not causing or which would not create a substantial risk of causing death or serious bodily harm.
65. NOTICE TO PROCEED (NTP): Written notification from the Government to the Contractor stating the date that the Contractor may begin work, subject to the conditions of the contract.
66. OFFICE OF PROFESSIONAL RESPONSIBILITY, PERSONNEL SECURITY UNIT (OPR-PSU): The ICE office which implements a component-wide personnel security program.
67. ON CALL/REMOTE CUSTODY OFFICER POST: Posts operated as requested by the COR, or other ICE designee, and including, but not limited to, escorting and custody of

detainees for hearings, ICE interviews, medical watches, and any other location requested by the COR.

68. PAT DOWN SEARCH: A quick patting of the detainee's outer clothing to determine the presence of contraband.
69. PERFORMANCE WORK STATEMENT (PWS): That portion of the contract, which describes the services to be performed under the contract.
70. PHASE I ENVIRONMENTAL SITE ASSESSMENT (PHASE I ESA): An evaluation and report prepared to identify potential or existing environmental contamination liabilities associated with real property. Phase I ESAs must be carried out in accordance with the standard promulgated in ASTM 1527-13.
71. POLICY: A definite written course or method of action, which guides and determines present and future decisions and actions.
72. POST ORDERS: Written orders that specify the duties of each position, hour-by-hour, and the procedures the post officer will follow in carrying out those duties.
73. PREVENTIVE MAINTENANCE: A system designed to enhance the longevity and/or usefulness of buildings and equipment in accordance with a planned schedule.
74. PROCEDURE: The detailed and sequential actions that must be executed to ensure that a policy is implemented. It is the method of performing an operation or a manner of proceeding on a course of action. It differs from a policy in that it directs action required to perform a specific task within the guidelines of that policy.
75. PRODUCTIVE HOURS: These are hours when the required services are performed and can be billed.
76. PROJECT MANAGER: Contractor employee responsible for on-site supervision of all Contractor employees, with the authority to act on behalf of the Contractor. The Project Manager cannot simultaneously serve in the role of manager and Detention Officer or Supervisory Detention Officer.
77. PROPERTY: Refers to personal belongings of a detainee.
78. PROPOSAL: The written plan submitted by the Contractor for consideration by ICE in response to the Request for Proposal (RFP).
79. QUALIFIED HEALTH PROFESSIONAL: Physicians, dentists, and other professional and technical workers who by state law engage in activities that support, complement, or supplement the functions of physicians and/or dentists who are licensed, registered, or certified, as appropriate to their qualifications, to practice.
80. QUALITY ASSURANCE: The actions taken by the Government to assure requirements of the PWS are met.
81. QUALITY ASSURANCE SURVEILLANCE PLAN (QASP): A Government-produced document that is based on the premise that the Contractor, and not the Government, is responsible for the day-to-day operation of the facility and all the management and quality control actions required to meet the terms of the contract. The role of the Government in quality assurance is to ensure performance standards are achieved and maintained. The QASP validates that the Contractor is complying with ERO-mandated quality standards in operating, maintaining, and repairing detention facilities.
82. QUALITY CONTROL (QC): The Contractor's inspection system which covers all the services to be performed under the contract. The actions that a Contractor takes to control the production of services so that they meet the requirements stated in the contract.

83. QUALITY CONTROL PLAN (QCP): A Contractor-produced document that addresses critical operational performance standards for services provided.
84. RECORD OF DECISION (ROD): A document that explains an agency's decision, describes the alternative the agency considered, and discusses the agency's plans for mitigation and monitoring, if necessary.
85. RELIEF FACTOR: Indicates how many persons it takes to fill a single job position for a single shift, taking into account vacation, sick leave, training days, and other types of leave.
86. RESPONSIBLE PHYSICIAN: A person licensed to practice medicine with whom the facility enters into a contractual agreement to plan for and provide health care services to the detainee population of the facility.
87. RESTRAINT EQUIPMENT: This includes but is not limited to: handcuffs, belly chains, leg irons, strait-jackets, flexi cuffs, soft (leather) cuffs, and leg weights.
88. SAFETY EQUIPMENT: This includes but is not limited to firefighting equipment, i.e., chemical extinguisher, hoses, nozzles, water supplies, alarm systems, portable breathing devices, gas masks, fans, first aid kits, stretchers, and emergency alarms.
89. SALLYPORT: An enclosure situated either in the perimeter wall or fence to the facility or within the interior of the facility, containing gates or doors at both ends, only one of which opens at a time. This method of entry and exit helps to ensure that there shall be no breach in the perimeter or interior security of the facility.
90. SECURITY DEVICES: Locks, gates, doors, bars, fences, screens, hardened ceilings, floors, walls, and barriers used to confine and control detainees. In addition, electronic monitoring equipment, security alarm systems, security light units, auxiliary power supply, and other equipment used to maintain facility security.
91. SECURITY PERIMETER: The outer portions of a facility, which provide for secure confinement of detainees.
92. SECURITY RISK – HIGH, MEDIUM, LOW:
    High Risk Level – (Level 3) Detainees exhibit behavioral problems, or manifest a pattern of such behavior, or have a history of violent and/or criminal activity. These detainees may not be co-mingled with low custody detainees.
    Medium High Risk Level – (Level 2) Detainees exhibit minor behavioral problems or have a history of nonviolent criminal behavior. These detainees have a history of violent or assaultive charges, convictions, institutional misconduct, or those with gang affiliation.
    Medium Low Risk Level – (1.5) Detainees with no history of violent or assaultive charges or convictions, no institutional misconduct, and no gang affiliation.
    Low Risk Level – (Level 1) Detainees exhibit no behavioral problems and have no history of violent criminal behavior. This level may not include any detainee with a felony conviction that included an act of physical violence. Low risk level detainees may not be co-mingled with high custody detainees.
93. SENSITIVE INFORMATION: Any information which could affect the national interest, law enforcement activities, the conduct of federal programs, or the privacy to which individuals are entitled under Title 5, U.S. Code, Section 552a. All Detainee records are considered sensitive information.

94. SIGNIFICANT EVENT NOTIFICATION REPORT (SEN): A written document reporting a special event (e.g., the use of force, use of chemical agents, discharge of firearms).
95. SPECIAL MANAGEMENT UNIT (SMU): A housing unit for detainees in administrative or disciplinary segregation.
96. STANDING MEDICAL ORDERS: Written orders, by a physician, to medical personnel for the definitive treatment of identified minor, self-limiting conditions and for on-site treatment of emergency conditions.
97. STRIP SEARCH: An examination of a detainee's naked body for weapons, contraband, and physical abnormalities. This also includes a thorough search of all of the individual's clothing while not being worn.
98. SUITABILITY CHECK: Security clearance process for Contractor and all Contractor Employees to determine favorable suitability to work on a Government contract.
99. TOUR OF DUTY: No more than 12 hours in any 24-hour period with a minimum of eight hours off between shifts, except as directed by state or local law.
100. TRAINING: An organized, planned, and evaluated activity designed to achieve specific learning objectives. Training may occur on site, at an academy of training center, at an institution of higher learning, through contract service, at professional meetings or through closely supervised on-the-job training. Meetings of professional associations are considered training when there is clear evidence of the above elements. All trainers must be certified, and certification shall be approved by the COR.
101. TRANSPORTATION COSTS: The cost of all materials, equipment, and labor necessary to respond to requests by designated officials for secure movement of detainees from place to place necessary for processing, hearings, interviews, etc.
102. TRAVEL COST: Cost inclusive of lodging and meals and incidental expenses (MI&E) for Transportation Officers exceeding the standard working hours. Contractor tour of duties will comply with all current federal, state, and local laws. This includes, but is not limited to, the Federal Motor Carrier Safety Administration, CFR 395.5 - Maximum driving time for passenger-carrying vehicles. Cost is based on actual charges per occurrence, not to exceed the allowable Federal Travel Regulation rates/costs in effect on the dates of travel.
103. WEAPONS: This includes but is not limited to firearms, ammunition, knives, slappers, billy clubs, electronic defense modules, chemical weapons (mace), and nightsticks.

II. PERFORMANCE WORK STATEMENT

A. Objective

The objective of this contract is to obtain comprehensive detention services as detailed below for various levels as described within this document.

B. Background and Mission

The United States Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE) is responsible for the detention, health, welfare, transportation, and deportation of detainees in removal proceedings, and those subject to a final order of removal from the United States.

The mission of ICE Enforcement and Removal Operations (ERO) is to identify, arrest, and remove aliens, who present a danger to national security or are a risk to public safety, as well as those who enter the United States illegally or otherwise undermine the integrity of immigration laws and border control efforts.

In implementing its mission, ERO is responsible for carrying out all orders for the securing and departure activities of detainees who are designated in removal proceedings and for arranging for the detention of detainees when such becomes necessary and prescribed by law.

C. Scope of Work

A Contractor-owned/Contractor-operated detention facility to house detainees on a 24 hour per-day, seven day per week, 365 day per-year basis.

The detention center shall provide safe and secure conditions of confinement based on the individual characteristics of a diverse population, including: threat to the community, risk of flight, type and status of immigration proceeding, community ties, medical and mental health issues. The detention center shall provide easy access to legal services; abundant natural light throughout the facility; ample indoor and outdoor recreation that allows for vigorous aerobic exercise with extended hours of availability - a minimum of four hours per day of outdoor recreation; private showers and restrooms (where practicable); cafeteria style meal service; non-institutional detainee clothing; contact visitation, including special arrangements for visiting families, with extended hours including nights and weekends; private areas for attorney-client visits, with video teleconferencing capabilities; noise control; enhanced, but controlled freedom of movement (although the manner and degree of implementation may vary based on security levels); enhanced law library and legal resources; and enhanced programming, including religious services and social programs and dedicated space for religious services.

Detention services shall be preformed in accordance with optimal level of the most current version of the ICE Performance-Based National Detention Standards (PBNDS) 2011. The current version is PBNDS 2011 revised in 2016 available at www.ice.gov/detention-

standards/2011. The contractor shall also abide by the March 7, 2014, DHS regulation under the Prison Rape Elimination Act of 2003 (PREA; P.L. 108-79), *Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities* (DHS PREA Standards) available at https://www.gpo.gov/fdsys/pkg/FR-2014-03-07/pdf/2014-04675.pdf.

The Contractor shall be responsible for obtaining and maintaining American Correctional Association (ACA) accreditation under the most current version of the Adult Local Detention Facilities (ALDF) Standards to include any supplement. Conformance with the ACA ALDF Standards is required on the first day of contract performance and accreditation shall be obtained within one year of contract award.

The Contractor shall be responsible for obtaining and maintaining accreditation under the National Commission on Correctional Health Care (NCCHC) within one year of contract performance.

In cases where there is a conflict in standards, the most stringent shall apply. If the Contractor is unable to determine which standard is more stringent, the COR shall determine the appropriate standard.

The COR does not have the authority to modify the stated terms of the contract or approve any action that would result in additional charges to the Government beyond what is stated in the CLIN schedule. The CO shall make all modifications in writing.

The Contractor shall furnish all personnel, management, equipment, supplies, training, certification, accreditation, and services necessary for performance of all aspects of the contract. Unless explicitly stated otherwise, the Contractor is responsible for all costs associated with and incurred as part of providing the services outlined in this contract.

DHS, ICE, federal entities, and third-party inspectors will conduct periodic and unscheduled audits and inspections of contract performance and the facility to ensure contract compliance. All inspectors shall have full access to the facility at all times and in all areas of performance. The Contractor shall provide full and complete cooperation for any request or investigation conducted by the Government.

Detainees are classified as High (Level 3), Medium High (Level 2), Medium Low (Level 1.5) or Low Risk (Level 1). Upon discovery that a detainee may be a juvenile, the Contractor shall immediately notify the COR and/or ICE-designee and follow the instructions of the COR or ICE-designee.

The Contractor shall not add any non-ICE detainee population to the facility from any other entity without the expressed prior written approval of the COR and/or ICE-designee.

The Contractor agrees to accept and provide for the secure custody, care, and safekeeping of detainees in accordance with the State and local laws, standards, policies, procedures for firearms requirements, or court orders applicable to the operations of the facility.

D. Facilities

1. Detention Space

The facility shall meet at a minimum all ACA and PBNDS 2011 revised 2016 requirements. Though not binding on existing detention space, the Contractor can also review the ICE Contract Detention Facility (CDF) Design Standards available as Addendum A.

The Contractor is encouraged to go beyond any minimum requirements to provide optimal detention services.

Business Permits and Licenses

The Contractor shall obtain all required permits and licenses by the date of contract award. The Contractor must (depending on the state's requirements) be licensed as a qualified security service company in accordance with the requirements of the district, municipality, county, and state in which the ICE work site is located. Throughout the term of this contract, the Contractor shall maintain current permits/business licenses and make copies available for Government inspection. The Contractor shall comply with all applicable federal, state, and local laws and all applicable Occupational Safety and Health Administration (OSHA) standards.

ICE will review and approve all design documents and maintain approval of final inspection of the facility before occupancy.

See PWS Addendums for site-specific requirements.

2. USCIS Space

See PWS Addendums for specific requirements.

3. Executive Office for Immigration Review (EOIR) Space (in accordance with Addendum B – ICE EOIR Design Standards).

See PWS Addendums for specific requirements.

4. ICE Administrative Space

See PWS Addendums for specific requirements.

The Contractor is required to provide ICE Office and Support Space at or immediately adjacent to the Contractor provided detention facility.

All office, administrative, support and multiple use space shall be complete with appropriate electrical, communication, and phone/fax/VTC connections. VTC connections shall use a PRI (T1) connection at a minimum.

All furniture and case goods shall be furnished by the Contractor.

See PWS Addendums for specific requirements.

The ICE Administrative space shall be clean, free from mold, climate controlled, with an HVAC thermostat located outside a private office (within open space) controlling no more than 2,000 square feet. The ICE Administrative space shall be separate from, but accessible to, detainee housing units and the centralized visiting area. The ICE Administrative space shall also be secure and inaccessible to Contractor staff, except when specific permission is granted by on-site ICE staff. The Contractor shall be responsible for all maintenance, security, and janitorial costs associated with the ICE Administrative space. All janitorial and maintenance within the ICE administrative and support space is the responsibility of the contractor. All ICE administrative and support space shall be cleaned daily (between the hours of 8 a.m. and 4 p.m.) by Government cleared contractor janitorial staff. Contractor is responsible for coordinating clearance activities for their janitorial staff with the Government and for costs associated with clearance.

a) Additional Requirements for ICE Administrative Office Space

1) Furniture

All furniture and case goods shall be furnished by the Contractor. Any systems furniture, such as cubicles, shall be electrically hardwired to the building electrical support by the contractor, and have bottom raceways for data and telecommunications. The systems furniture must have knockouts within the bottoms raceways as well as numerous grommets within the work surface. The system furniture must have some universal requirements for a workspace to include; a desk, chair, desk storage, overhead storage (with locking flipper doors) and lighting capacity under the overhead storage.

Cubicles should be a standard size of a minimum of 190 usable square feet, unless otherwise authorized by the COR.

See PWS Addendums for specific requirements.

2) ICE Information Technology (IT) Equipment

ICE will provide and install IT equipment in office spaces for ICE personnel only, to include CPUs, screens, printers, and fax machines.

See PWS Addendums for specific requirements

3) Communication and VTC

The Contractor is responsible for providing phone/fax/Internet/VTC services through their local provider and responsible for the costs for such services.

5. Parking Spaces at the Contracted Detention Facility:

The Contractor shall provide hard surface (concrete) parking for all ICE employees and visitors at no additional cost. The Contractor must provide ICE Employee parking in a secure surface (concrete) striped parking lot. The ICE employee parking shall be well lit and shall drain well. The ICE employee parking shall be striped and have reserved spaces painted as directed by the COR. The ICE employee parking shall have an automated entrance and exit gate, operated by the contractor provided building access badge system.

The Contractor shall provide an on-site hard surface (concrete) parking lot for visitors. Street parking for ICE visitors is not acceptable.

See PWS Addendums for specific requirements

E. Armed Transportation Services:

1. The Contractor shall provide all such ground transportation services as may be required to transport detainees securely, in a timely manner, to locations as directed by the COR or designated ICE official, including the transportation of detainees to various appointments. Regular transportation to key sites shall be provided as necessary and additional transportation requirements as requested by the COR or ICE designee. When officers are not providing transportation services, the Contactor shall assign the employees to supplement security duties within the facility. However, the primary function of these officers is transportation. Duties performed by these officers shall not incur any additional expenses to the Government.

   The Contractor shall assign, at a minimum, two-person teams of transportation officers whenever necessary throughout a 24-hour period, 7 days a week, including weekends and holidays. When transporting detainees of the opposite gender, assigned transportation staff shall call in their time of departure and odometer reading; and then do so again upon arrival, to account for their time. Except in emergency situations, a single transportation staff member may not transport a single detainee of the opposite gender. Further, if there is an expectation that a pat down will occur during transport, an assigned transportation staff member of the same gender as the detainee(s) must be present.

2. The Contractor shall furnish suitable vehicles in good condition, approved by the Government and in-line with the PBNDS 2011 requirements, to safely provide the required transportation services per facility as listed below. The Contractor shall comply with all federal and state laws with regard to inspections, licensing, and registration for

all vehicles used for transportation. The Contractor shall provide parking spaces for the required vehicles at the facility.

Nothing in this contract shall restrict the Contractor from acquiring additional vehicles as deemed necessary by the Contractor at no cost to the Government. The Contractor shall not allow employees to use their privately-owned vehicles to transport detainees. The Contractor shall furnish vehicles equipped with interior security features in accordance with PBNDS 2011. The Contractor shall provide the interior security specification of the vehicles to ICE for review and approval prior to installation. Vehicles furnished by the Contractor shall be equipped with interior security features such as, but not limited to: door lock controls, window locks, a wire cage with acrylic panel between the driver seat and the rear passenger seats and provide physical separation of detainees from Detention Officers.

See PWS Addendums for specific requirements.

3. If ICE authorizes the Contractor to use Government furnished vehicles, the following requirements apply to this agreement.

   a) The Government will provide the Contractor with Government Vehicles and Government Fleet Cards (for the purchase of fuel) for the purpose of transporting detainees to and from ICE designated facilities (see Route List or Analysis specific to each Requirement), or alternative transportation sites, in support of ERO transportation needs under this Agreement. The vehicles assigned for this purpose will remain the property of the Federal Government, and all costs associated with the operation and use of the vehicles, such as, but not limited to, vehicle maintenance and fuel, will be covered through the Government's Fleet Management Program.

   b) The Contractor agrees to be responsible for reimbursement to ICE for any damages sustained by the vehicles as a result of any act or omission on the part of the Contractor, its employees and or persons acting on behalf of the Contractor. The Contractor shall be responsible to promptly report any accidents or damage to the Government Vehicles in accordance with the ICE Management Directives listed below and any other ICE policies that pertain to reporting such damage. The Contractor agrees to fully cooperate and assist ICE in making any claims against a third party at fault for causing the property damage to the Government Vehicles.

   c) In addition, the Contractor agrees to hold harmless, indemnify, and assume financial responsibility for any claims or litigations filed by persons sustaining personal injuries or property damage for incidents or accidents caused by the negligent acts or omissions of the Contractor, agents, or other persons acting on behalf of the Contractor. The Contractor agrees to fully cooperate and assist ICE in the defense of any claims made against ICE, and in the event of a settlement or judgment entered against ICE for the negligent acts or omissions of the Contractor employees or agents, the Contractor agrees to reimburse ICE for said settlement or adverse judgment.

d) In order for ICE to maintain accurate fleet records of the transportation services, the Contractor officers utilizing the vehicles shall complete specific documentation that will be provided by ICE, to record the times of vehicle usage for proper hourly guard reimbursement, and to record the inspection of the vehicles for damage each time the vehicles are used.

e) The COR or ICE Vehicle Control Officer will provide forms to the Contractor to request and authorize routine maintenance of vehicles.

f) The Contractor shall be responsible for any costs or expenses associated with the return of the vehicles, to include, towing charges, title replacement fees, or licensing expenses made necessary by the loss of any paperwork associated with the vehicles.

4. The Contractor personnel provided for transportation services shall be of the same qualifications, receive the same training, complete the same security clearances, and wear the same uniforms as those Contractor personnel provided in the other areas of this contract. Transportation officers shall have the required state licenses for commercial drivers with the proper endorsement limited to vehicles with Automatic Transmission and meet the federal and state licensing requirements.

5. All transportation Detention Officers shall be armed in the performance of these duties. The Contractor shall supply and maintain restraining equipment, per PBNDS 2011 Standard 1.3 “Transportation (by Land).” ICE personnel reserve the right to approve such restraining equipment, as well as the right to inspect such restraining equipment.

6. The Contractor shall comply with ICE transportation standards related to the number of hours the Contractor employee may operate a vehicle. Overnight lodging resulting from transportation services shall be approved in advance by the COR or ICE designee; overnight lodging expenses shall be billed at rates not to exceed the applicable GSA per diem rates. Transportation shall be accomplished in the most economical manner and in accordance with the applicable GSA per diem rates.

7. The Contractor shall, upon order of the COR, or upon his or her own decision in an urgent medical situation, transport a detainee to a hospital location. An officer, or officers, shall keep the detainee under constant supervision 24 hours per day until the detainee is ordered released from the hospital, or at the order of the COR. The Contractor shall then transport the detainee to the detention site.

8. The COR may direct the Contractor to transport detainees to unspecified, miscellaneous locations, within a 250-mile radius of the facility.

9. When the COR or ICE- designee provides documents to the Contractor concerning the detainee(s) to be transported and/or escorted, the Contractor shall deliver these documents only to the named authorized recipients or his or her designee. The Contractor shall ensure the material is kept confidential and not viewed by any person other than the authorized recipient.

10. The Contractor shall establish a fully operational communication system compatible with ICE communication equipment that has direct and immediate contact with all transportation vehicles and post assignments. Upon demand, the COR shall be provided with the current status of all vehicles and post assignment employees.

11. Failure of the Contractor to comply fully with the detainee(s) departure as pre-scheduled may result in the Contractor having deductions made for non-performance.

12. ICE anticipates normal transportation requirements other than hospital visits and local needs. In addition to unspecified or miscellaneous locations, the contract facility must support transportation to and from locations as directed by ICE COR or designee. All transportation reports must be submitted to the COR within two business days of trip completion.

    See PWS Addendums for specific requirements.

13. Monthly Status Report: The report will include, at a minimum, the information required by a G-391 for every trip as indicated in the G-391 attachments (see Attachments 1A & 1B). A breakdown of hours and personnel will also be provided and divided into Transportation Guard Hours and Stationary Guard Hours. A breakdown of vehicles used (year, model, and capacity) will also be required if the contractor is using contractor owned vehicles. This information will be available electronically to government users and submitted in addition to the invoice each month.

F. On-Call Guard Services

1. The Contractor shall provide on call guard services as requested by the COR or ICE-designated official and shall include, but is not limited to, escorting and guarding detainees to medical or doctor appointments; hearings; ICE interviews; and any other remote location requested by the COR or ICE designee. Qualified guard personnel employed by the Contractor under its policies, procedures, and practices will perform such services. The Contractor agrees to augment such practices as may be requested by ICE to enhance specific requirements for security, detainee monitoring, visitation, and contraband control. Upon the order of the COR or ICE designee or in an emergency, the contractor shall provide an officer to safeguard the detainee(s) at a medical facility while undergoing medical examination or treatment as either inpatient or outpatient care. Such assignments may include but are not restricted to medical appointments of detainees. The detainee shall be kept under constant supervision. Public contact is prohibited unless authorized in advance by the COR.

2. The numbers and frequency of these services shall vary, but to the extent possible, the COR or ICE designee shall notify the contractor four hours in advance of such need and of a schedule for the remote post to be manned. One guard shall be authorized for such post unless the COR specifies additional guards are required.

3. The following notes are applicable to the above posts:

a) All on call posts require at least one guard that is of the same sex as the detainee.

b) Additional officers for each post assignment may be required at the direction of the COR when operationally necessary.

c) All necessary meals shall be provided by the contractor when the detainees(s) are in the custody of the contractor.

d) The contractor remains responsible for providing security and preventing escapes.

The itemized monthly invoice for such on-call guard services shall state the number of hours being billed, the duration of the billing (times and dates to include travel to and from location being guarded) and the names and "A" numbers of the detainees who were guarded. Such services shall be denoted as a separate item on submitted invoices. ICE agrees to reimburse the Contractor for actual on call guard services provided at the negotiated rate.

G. Notice to Proceed

It is essential that the Contractor be fully prepared to accept responsibility for performing the requirements of the contract. Therefore, ICE may perform required assessments to ensure contract compliance prior to issuance of the Notice to Proceed (NTP).

If ICE determines that the Contractor is capable of accepting detainees, the NTP will be issued by the Contracting Officer. The Contractor shall be prepared to begin performance and accept detainees immediately upon issuance of the NTP. Performance may begin with staged capacity or open with full capacity, as stated in the NTP. Performance includes, but is not limited to, preliminary fitness determination and training documentation for an adequate number of facility staff. Preliminary fitness determinations may take up to 30 days on average to be adjudicated and depend upon the facility providing proper initiation documentation and individuals completing the required application and fingerprints once initiated.

The contractor shall submit in writing a Quality Control Plan (QCP) and all other plans, policies, and procedures, including those identified in the PBNDS 2011 and ACA standards to the COR for review and concurrence prior to issuance of the NTP. Once written concurrence has been granted by the COR, these plans, policies, and procedures shall not be modified without the prior written approval of the COR. The Contractor's operational and/or corporate policies that do not impact ICE operations (i.e. policies on employee sick days, vacation days, etc.) do not have to be reviewed or approved by ICE.

III. GENERAL

A. Notification and Public Disclosures

There shall be no public disclosures regarding this contract made by the Contractor (or any subcontractors) without review and approval of such disclosure by ICE Public Affairs and express permission granted by the ICE Contracting Officer. The Government considers such information privileged or confidential.

B. Records

All records related to contract performance shall be retained in a retrievable format for three years. Except as otherwise expressly provided in this PWS, the Contractor shall, upon completion or termination of the resulting contract, transmit to the Government any records related to performance of the contract, in a format acceptable to the CO and COR.

The Contractor shall comply with all statutes, regulations, and guidelines from the National Archives and Records Administration. Records and information management functions are required and mandated by the following laws and regulations: Chapters 21, 29, 31, and 33 of Title 44, United States Code; 36 CFR 12; 41 CFR 201 subchapters A and B; OMB Circular A-130; and DOJ Order 2710.8A, *Removal and Maintenance of Documents*. Criminal penalties for unlawfully destroying, damaging, removing, or improperly handling or releasing federal records are addressed in Chapters 37 and 101 of Title 18, United States Code.

The Contractor shall notify the COR and ICE designee when a member of the United States Congress or any media outlet requests information or makes a request to visit the facility. All such visits shall be in compliance with PBNDS 2011, Standard 7.2 “Interviews and Tours.” The Contractor shall coordinate all public information related issues with the CO. All press statements and releases shall be cleared, in advance, with the ICE Office of Public Affairs, which can be reached through the Internet website: http://www.ice.gov/about/news/contact.htm.

The Contractor shall ensure employees agree to use appropriate disclaimers clearly stating the employees’ opinions do not necessarily reflect the position of the United States Government in any public presentations they make or articles they write that relate to any aspect of contract performance or the facility operations.

All detainee files are to be prepared, maintained, retired, and disposed of in accordance with ICE policy. Policy and procedures shall be developed to ensure the confidentiality and security of all detainee files. The Contractor shall be responsible for detainee record keeping services and personal property. See Part 2 of 2011 PBNDS at www.ice.gov/detention-standards/2011

The Contractor shall safeguard all records related to the operation of the facility. All records will remain the property of the U.S. Government.

C. Right of Refusal

The Contractor retains the right to refuse acceptance of any detainee if such refusal is supported by a valid justification. Examples of such justification are: any detainee found to have a medical condition that requires medical care beyond the scope of the Contractor's health care provider. In the case of a detainee already in custody, the Contractor shall notify ICE and request such removal of the detainee from the Facility. The Contractor shall allow ICE reasonable time to make alternative arrangements for the detainee.

D. Hold Harmless

The Contractor shall protect, defend, indemnify, save, and hold harmless the United States Government and its employees or agents, from and against any and all claims, demands, expenses, causes of action, judgments and liability arising out of, or in connection with, any negligent acts or omissions of the Contractor, its agents, sub-contractors, employees, assignees, or anyone for whom the Contractor may be responsible. The Contractor shall also be liable for any and all costs, expenses, and attorney's fees incurred as a result of any such claim, demand, cause of action, judgment, or liability, including those costs, expenses, and attorneys' fees incurred by the United States Government and its employees or agents. The Contractor's liability shall not be limited by any provision or limits of insurance set forth in the resulting contract.

In awarding the contract, the Government does not assume any liability to third parties, nor will the Government reimburse the Contractor for its liabilities to third parties, with respect to loss due to death, bodily injury, or damage to property resulting in any way from the performance of the contract or any subcontract under this contract.

The Contractor shall be responsible for all litigation, including the cost of litigation, brought against it, its employees, or agents for alleged acts or omissions. The CO shall be notified in writing of all litigation pertaining to this contract and provided copies of any pleadings filed or said litigation within five working days of receipt. The Contractor shall cooperate with Government legal staff and/or the United States Attorney regarding any requests pertaining to federal or Contractor litigation.

Policy and procedures shall be developed which ensure a positive relationship is maintained with all levels of the federal judiciary. The Contractor's procedures shall ensure a tracking system is established which mandates that all judicial inquiries and program recommendations are responded to in a timely and accurate manner. All judicial inquiries and Contractor responses, specifically related to a detainee, shall be made part of the detainee's file.

E. Quality Control

The Contractor is responsible for management and quality control actions necessary to meet the quality standards set forth in the contract. The Contractor shall provide a Quality Control

Plan (QCP) to the CO for concurrence not later than the post award conference (or as directed by the CO). The CO will notify the Contractor of concurrence or required modifications to the plan before the contract start date. The Contractor must make appropriate modifications and obtain concurrence of the plan by the CO before the contract start date. The Contractor shall provide an overall QCP that addresses critical operational performance standards for the services required under this contract. The QCP shall ensure that services will be maintained at a uniform and acceptable level. At a minimum, the Contractor shall review and update the QCP policies and procedures on an annual basis. The Contractor shall audit facility operations monthly for compliance with the QCP. The Contractor shall notify the Government 48 hours in advance of the audit to ensure the COR is available to participate. The Contractor's QCP shall identify deficiencies, appropriate corrective action(s), and timely implementation plan(s) to the COR.

If the Contractor proposes changes in the QCP after contract award, the Contractor shall submit them to the COR for review. If the COR concurs with the changes, the COR shall submit the changes to the CO for review and approval. The CO may modify the contract to include these changes.

F. Quality Assurance Surveillance Plan (QASP)

ICE has developed a Quality Assurance Surveillance Plan (QASP), Attachment 2, pursuant to the requirements of the PWS. It will present the financial values and mechanisms for applying adjustments to the Contractor's invoices as dictated by work performance measured to the desired level of accomplishment.

1. The purpose of the QASP is to:

    a) Define the roles and responsibilities of participating Government officials.
    b) Define the types of work to be performed.
    c) Describe the evaluation methods that will be employed by the Government in assessing the Contractor's performance.
    d) Describe the process of performance documentation.

2. Roles and Responsibilities of Participating Government Officials

    a) The COR(s) will be responsible for monitoring, assessing, recording, and reporting on the technical performance of the Contractor on a day-to-day basis. The COR(s) will have primary responsibility for completing "Quality Assurance Surveillance Forms" to document their inspection and evaluation of the Contractor's work performance.
    b) The Contracting Officer (CO) or designee has overall responsibility for evaluating the Contractor's performance in areas of contract compliance, contract administration, cost and property control. The CO shall review the COR's evaluation of the Contractor's performance and invoices. If applicable, deductions or withholdings will be assessed in accordance with the evaluation of the Contractor's performance, e.g., monetary adjustments for inadequate performance.

G. Contractor's Failure to Perform Required Services

The rights of the Government and remedies described in this section are in addition to all other rights and remedies set forth in the contract. Specifically, the Government reserves its rights under the Inspection of Services and Termination clauses. Any reductions in the Contractor's invoice shall reflect the contract's reduced value resulting from the Contractor's failure to perform required services. The Contractor shall not be relieved of full performance of the services hereunder and may be terminated for default based upon inadequate performance of services, even if a reduction was previously taken for any inadequate performance.

H. Inspection by Regulatory Agencies

Work described in the contract is subject to inspection by other Government agencies. The Contractor shall participate in responding to all requests for information and inspection or review findings by regulatory agencies.

I. Performance Evaluation Meetings

The Contractor's representatives shall meet with the COR(s) on a monthly basis or as deemed necessary by either party. These meetings will provide a management level review and assessment of Contractor performance, and a discussion and resolution of problems.

IV. PERSONNEL AND STAFFING

REQUIRED SECURITY LANGUAGE FOR
SENSITIVE /BUT UNCLASSIFED (SBU) CONTRACT DETENTION FACILITY

SECURITY REQUIREMENTS

General: Performance under this Contract Detention Facility agreement (will) require(s) access to sensitive DHS information and will involve direct contact with ICE Detainees. The Service Provider shall adhere to the following.

Contractor Employee Fitness Screening: Screening criteria under DHS Instruction 121-01-007-001 (Personnel Security, Suitability and Fitness Program), or successor thereto, that may exclude contractor employees from consideration to perform under this agreement includes:

- Misconduct or negligence in employment;
- Criminal or dishonest conduct;
- Material, intentional false statement or deception of fraud in examination or appointment;
- Refusal to furnish testimony as required by 5 CFR § 5.4 (i.e., a refusal to provide testimony to the Merit Systems Protection Board or the Office of Special Counsel);
- Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation.

- Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- Illegal use of narcotics, drugs, or other controlled substances, without evidence of substantial rehabilitation;
- Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force;
- Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question (for Excepted Service employees); and
- Any other nondiscriminatory reason that an individual's employment (or work on a contract) would not protect the integrity of promote the efficiency of the service.

Contractor Employee Fitness Screening:_Screening criteria under 6 CFR § 115.117 (Sexual Abuse and Assault Prevention Standards) implemented pursuant to Public Law 108-79 (Prison Rape Elimination Act (PREA) of 2003) or successor thereto, that WILL exclude contractor employees from consideration to perform under this agreement includes:

- Engaged in Sexual Abuse in a Prison, Jail, Holding Facility, Community Confinement Facility, Juvenile Facility, or other Institution as defined under 42 USC 1997;
- Convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- Civilly or administratively adjudicated to have in engaged in such activity.

Subject to existing law, regulations and/or other provisions of this Agreement, illegal or undocumented aliens shall not be employed by the Service Provider.

A. General

The United States Immigration and Customs Enforcement (ICE) has determined that performance of the tasks as described in the resultant contract agreements require that the Contractor, subcontractor(s), vendor(s), etc. (herein known as Contractor) have access to sensitive DHS information and ICE Detainees, and that the Contractor will adhere to the following:

B. Preliminary Fitness Determination

ICE will exercise full control over granting, denying, withholding or terminating unescorted government facility and/or sensitive Government information access for contractor employees, based upon the results of a Fitness screening process. ICE may, as it deems appropriate, authorize and make a favorable expedited preliminary Fitness determination based on preliminary security checks. The preliminary Fitness determination will allow the contractor employee to commence work temporarily prior to the completion of a Full Field Background Investigation. The granting of a favorable preliminary Fitness shall not be

considered as assurance that a favorable final Fitness determination will follow as a result thereof. The granting of preliminary Fitness or final Fitness shall in no way prevent, preclude, or bar the withdrawal or termination of any such access by ICE, at any time during the term of the contract. No employee of the Contractor shall be allowed to enter on duty and/or access sensitive information or systems without a favorable preliminary Fitness determination or final Fitness determination by the Office of Professional Responsibility, Personnel Security Unit (OPR-PSU). No employee of the Contractor shall be allowed unescorted access to a Government facility without a favorable preliminary Fitness determination or final Fitness determination by OPR-PSU. Contract employees are processed under DHS Instruction 121-01-007-001 (Personnel Security, Suitability and Fitness Program), or successor thereto; those having direct contact with Detainees will also have 6 CFR § 115.117 considerations made as part of the Fitness screening process.

C. Background Investigations

Contractor employees (to include applicants, temporaries, part-time and replacement employees) under the contract, needing access to sensitive information and/or ICE Detainees, shall undergo a position sensitivity analysis based on the duties each individual will perform on the contract. The results of the position sensitivity analysis shall identify the appropriate background investigation to be conducted. Background investigations will be processed through the Personnel Security Unit. Contractor employees nominated by a Contracting Officer Representative for consideration to support this contract shall submit the following security vetting documentation to OPR-PSU, through the Contracting Officer Representative (COR), within 10 days of notification by OPR-PSU of nomination by the COR and initiation of an Electronic Questionnaire for Investigation Processing (e-QIP) in the Office of Personnel Management (OPM) automated on-line system.

1. Standard Form 85P (Standard Form 85PS (With supplement to 85P required for armed positions)), "Questionnaire for Public Trust Positions" Form completed on-line and archived by the contractor employee in their OPM e-QIP account.

2. Signature Release Forms (Three total) generated by OPM e-QIP upon completion of Questionnaire (e-signature recommended/acceptable – instructions provided to applicant by OPR-PSU). Completed on-line and archived by the contractor employee in their OPM e-QIP account.

3. Two (2) SF 87 (Rev. December 2017) Fingerprint Cards. **(Two Original Cards sent via COR to OPR-PSU)**

4. Foreign National Relatives or Associates Statement. (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee's OPM e-QIP account prior to electronic "Release" of data via on-line account)

5. DHS 11000-9, "Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act" (This document sent as an attachment

in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee's OPM e-QIP account prior to electronic "Release" of data via on-line account)

6. Optional Form 306 Declaration for Federal Employment (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee's OPM e-QIP account prior to electronic "Release" of data via on-line account)

7. Questionnaire regarding conduct defined under 6 CFR § 115.117 (Sexual Abuse and Assault Prevention Standards) (This document sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee's OPM e-QIP account prior to electronic "Release" of data via on-line account)

8. One additional document may be applicable if contractor employee was born abroad. If applicable, additional form and instructions will be provided to contractor employee. (If applicable, the document will be sent as an attachment in an e-mail to contractor employee from OPR-PSU – must be signed and archived into contractor employee's OPM e-QIP account prior to electronic "Release" of data via on-line account)

Contractor employees who have an adequate, current investigation by another Federal Agency may not be required to submit complete security packages; the investigation may be accepted under reciprocity. The questionnaire related to 6 CFR § 115.117 listed above in item 7 will be required for positions designated under PREA.

An adequate and current investigation is one where the investigation is not more than five years old, meets the contract risk level requirement, and applicant has not had a break in service of more than two years. (Executive Order 13488 amended under Executive Order 13764/DHS Instruction 121-01-007-01)

Required information for submission of security packet will be provided by OPR-PSU at the time of award of the contract. Only complete packages will be accepted by the OPR-PSU as notified by the COR.

To ensure adequate background investigative coverage, contractor employees must currently reside in the United States or its Territories. Additionally, contractor employees are required to have resided within the Unites States or its Territories for three or more years out of the last five (ICE retains the right to deem a contractor employee ineligible due to insufficient background coverage). This time-line is assessed based on the signature date of the standard form questionnaire submitted for the applied position. Contractor employees falling under the following situations may be exempt from the residency requirement: 1) work or worked for the U.S. Government in foreign countries in federal civilian or military capacities; 2) were or are dependents accompanying a federal civilian or a military employee serving in foreign countries so long as they were or are authorized by the U.S. Government to

accompany their federal civilian or military sponsor in the foreign location; 3) worked as a contractor employee, volunteer, consultant or intern on behalf of the federal government overseas, where stateside coverage can be obtained to complete the background investigation; 4) studied abroad at a U.S. affiliated college or university; or 5) have a current and adequate background investigation (commensurate with the position risk/sensitivity levels) completed for a federal or contractor employee position, barring any break in federal employment or federal sponsorship.

Only U.S. Citizens and Legal Permanent Residents are eligible for employment on contracts requiring access to DHS sensitive information unless an exception is granted as outlined under DHS Instruction 121-01-007-001. Per DHS Sensitive Systems Policy Directive 4300A, only U.S. citizens are eligible for positions requiring access to DHS Information Technology (IT) systems or positions that are involved in the development, operation, management, or maintenance of DHS IT systems, unless an exception is granted as outlined under DHS Instruction 121-01-007-001.

D. Transfers from Other DHS Contracts:

Contractor employees may be eligible for transfer from other DHS Component contracts provided they have an adequate and current investigation meeting the new assignment requirement. If the contractor employee does not meet the new assignment requirement a DHS 11000-25 with ICE supplemental page will be submitted to OPR-PSU to initiate a new investigation.

Transfers will be accomplished by submitting a DHS 11000-25 with ICE supplemental page indicating "Contract Change." The questionnaire related to 6 CFR § 115.117 listed above in item 7 will be required for positions designated under PREA.

E. Continued Eligibility

ICE reserves the right and prerogative to deny and/or restrict facility and information access of any contractor employee whose actions conflict with Fitness standards contained in DHS Instruction 121-01-007-01, Chapter 3, paragraph 6.B or who violate standards of conduct under 6 CFR § 115.117. The Contracting Officer or their representative can determine if a risk of compromising sensitive Government information exists or if the efficiency of service is at risk and may direct immediate removal of a contractor employee from contract support. The OPR-PSU will conduct periodic reinvestigations every 5 years, or when derogatory information is received, to evaluate continued Fitness of contractor employees.

F. Required Reports

The Contractor will notify OPR-PSU, via the COR, of all terminations/resignations of contractor employees under the contract within five days of occurrence. The Contractor will return any expired ICE issued identification cards and building passes of terminated/resigned employees to the COR. If an identification card or building pass is not available to be returned, a report must be submitted to the COR referencing the pass or card number, name

of individual to whom issued, the last known location and disposition of the pass or card. The COR will return the identification cards and building passes to the responsible ID Unit.

The Contractor will report any adverse information coming to their attention concerning contractor employees under the contract to the OPR-PSU, via the COR, as soon as possible. Reports based on rumor or innuendo should not be made. The subsequent termination of employment of an employee does not obviate the requirement to submit this report. The report shall include the contractor employees' name and social security number, along with the adverse information being reported.

The Contractor will provide, through the COR a Quarterly Report containing the names of contractor employees who are active, pending hire, have departed within the quarter or have had a legal name change (Submitted with documentation). The list shall include the Name, Position and SSN (Last Four) and should be derived from system(s) used for contractor payroll/voucher processing to ensure accuracy.

CORs will submit reports to psu-industrial-security@ice.dhs.gov

Contractors, who are involved with management and/or use of information/data deemed "sensitive" to include 'law enforcement sensitive" are required to complete the DHS Form 11000-6-Sensitive but Unclassified Information NDA for contractor access to sensitive information. The NDA will be administered by the COR to the all contract personnel within 10 calendar days of the entry on duty date. The completed form shall remain on file with the COR for purpose of administration and inspection.

Sensitive information as defined under the Computer Security Act of 1987, Public Law 100-235 is information not otherwise categorized by statute or regulation that if disclosed could have an adverse impact on the welfare or privacy of individuals or on the welfare or conduct of Federal programs or other programs or operations essential to the national interest. Examples of sensitive information include personal data such as Social Security numbers; trade secrets; system vulnerability information; pre-solicitation procurement documents, such as statements of work; and information pertaining to law enforcement investigative methods; similarly, detailed reports related to computer security deficiencies in internal controls are also sensitive information because of the potential damage that could be caused by the misuse of this information. All sensitive information must be protected from loss, misuse, modification, and unauthorized access in accordance with DHS Management Directive 11042.1, *DHS Policy for Sensitive Information* and ICE Policy 4003, *Safeguarding Law Enforcement Sensitive Information*."

Any unauthorized disclosure of information should be reported to ICE.ADSEC@ICE.dhs.gov.

G. Security Management

The Contractor shall appoint a senior official to act as the Corporate Security Officer. The individual will interface with the OPR-PSU through the COR on all security matters, to

include physical, personnel, and protection of all Government information and data accessed by the Contractor.

The COR and the OPR-PSU shall have the right to inspect the procedures, methods, and facilities utilized by the Contractor in complying with the security requirements under this contract. Should the COR determine that the Contractor is not complying with the security requirements of this contract, the Contractor will be informed in writing by the Contracting Officer of the proper action to be taken in order to effect compliance with such requirements.

H. Information Technology Security Clearance

When sensitive government information is processed on Department telecommunications and automated information systems, the Contractor agrees to provide for the administrative control of sensitive data being processed and to adhere to the procedures governing such data as outlined in DHS MD 4300.1, *Information Technology Systems Security*. or its replacement. Contractor employees must have favorably adjudicated background investigations commensurate with the defined sensitivity level.

Contractor employees who fail to comply with Department security policy are subject to having their access to Department IT systems and facilities terminated, whether or not the failure results in criminal prosecution. Any person who improperly discloses sensitive information is subject to criminal and civil penalties and sanctions under a variety of laws (e.g., Privacy Act).

I. Information Technology Security Training and Oversite

In accordance with Chief Information Office requirements and provisions, all contractor employees accessing Department IT systems or processing DHS sensitive data via an IT system will require an ICE issued/provisioned Personal Identity Verification (PIV) card. Additionally, Information Assurance Awareness Training (IAAT) will be required upon initial access and annually thereafter. IAAT training will be provided by the appropriate component agency of DHS.

Contractor employees, who are involved with management, use, or operation of any IT systems that handle sensitive information within or under the supervision of the Department, shall receive periodic training at least annually in security awareness and accepted security practices, systems rules of behavior, to include Unauthorized Disclosure Training, available on PALMS or by contacting ICE.ADSEC@ICE.dhs.gov. Department contractor employees, with significant security responsibilities, shall receive specialized training specific to their security responsibilities annually. The level of training shall be commensurate with the individual's duties and responsibilities and is intended to promote a consistent understanding of the principles and concepts of telecommunications and IT systems security.

All personnel who access Department information systems will be continually evaluated while performing these duties. System Administrators should be aware of any unusual or

inappropriate behavior by personnel accessing systems. Any unauthorized access, sharing of passwords, or other questionable security procedures should be reported to the local Security Office or Information System Security Officer (ISSO).

J. Facility Staffing Plan, Floor Plan and Key Personnel

The Contractor shall provide a staffing plan that addresses at a minimum the staffing requirements and key personnel to be employed in connection with this contract as outlined in the PWS. The Contractor shall staff the post positions in accordance with the Contractor-submitted and Government-acknowledged Contractor Staffing Plan to include relief factors and the agreed upon detainee ramp schedule. The number, type, and distribution of staff as described in the contract-staffing plan shall be maintained throughout the term of the contract. Written requests to change the number, type, and/or distribution of staff described in the staffing plan must be submitted to the CO, through the COR, for approval prior to implementation. Staffing levels shall not fall below a monthly average of 95% of the total ICE-approved staffing plan. The approved staffing levels for detention/correctional officers shall not fall below a monthly average of 95%. Each month, the Contractor shall submit to the COR the current average monthly vacancy rate and indicate any individual positions that have been vacant more than 60 days. Failure to fill any individual position within ~~60~~ 90 ~~60~~ days of the vacancy may result in a deduction by the CO from the monthly invoice if the vacancy in combination with other vacancies regardless of duration brings staffing levels below 95%. The deduction shall be based on the daily salary and benefits of the vacant position. ICE may calculate the deduction retroactive to day one of the vacancy, excluding the days for ICE's conditional approval process, starting on the day of receipt and concluding on the day conditional approval is granted. No deduction shall apply during any period the Contractor documents that a vacant position was covered through the use of overtime, contract staff or otherwise. Each month, the Contractor shall submit to the COR any Key Personnel that will be absent from the facility for over five working days. If the Key Personnel will be absent for over five working days and the contractor will not provide an "acting" position to backfill that Key Personnel position during the absence, the CO has the right to make a deduction based on the daily salary and benefits of the absent Key Personnel position.

1. Minimum Staffing Requirements

Exclusive of the agreed upon ramp periods, the Contractor shall fully staff the facility to secure, control, and supervise detainees in custody regardless of the detainee population. The Contractor shall ensure daily Detention Officer Assignment rosters, by shift, for the duration of the contract. The assignment rosters shall indicate the number of staff, job titles, names, hours, and days of work for each post. The daily roster shall be posted 24 hours in advance. Shift rosters must be provided to the COR on a daily basis.

2. Supervisory Staffing

The Contractor is responsible for the satisfactory supervision of its employees at all times. Satisfactory supervision includes verifying attendance at all posts and positions

and upholding the work requirements of all personnel assigned under the contract. The Contractor shall provide the COR with the names of Supervisory Detention Officers designated by the Contractor before commencement of services.

In the absence of the approved Warden, another qualified person who meets the Warden position and security clearance requirements shall temporarily fill that position. This individual shall perform only job duties of the Warden in providing oversight and direction to contract Detention Officers and interfacing with ICE CORs and/or designated ICE Officers and the Contracting Officer on all contract-related matters.

3. Key Personnel

The Contracting Officer shall provide written approval before any employee is assigned as key personnel to perform duties under this contract. The Contractor shall have key personnel employed and available for duty before the Contractor can begin contract performance. Any subsequent changes to key personnel must meet these criteria and be approved in writing by the Contracting Officer. The following are considered key personnel for the contract. The Contractor may use other titles.

a) Facility Administrator - The Facility Administrator shall hold an accredited bachelor's degree in an appropriate discipline, or significant military or corrections experience of a minimum 15 years, and have at least five years of related administrative experience, and have knowledge of program objectives, policies, procedures, and requirements for managing a secure detention/correctional facility. The degree requirement may be satisfied by completion of a career development program that includes work-related experience, training, or college credits at a level of achievement equivalent to the bachelor's degree, as practiced in the federal hiring process. The official holding this position, even in an acting capacity, shall meet ACA requirements.

b) Assistant Facility Administrator - The Assistant Warden/Facility Director shall hold an accredited bachelor's degree in an appropriate discipline or have a minimum of three years of related industry experience, and have knowledge of program objectives, policies, procedures, and requirements for managing a secure detention/correctional facility. The official holding this position, even in an acting capacity, shall meet ACA requirements.

c) Supervisory Detention Officers. Supervisors must have a minimum of one year of experience as a detention officer and two years of successful experience in field supervision (e.g., civilian community law enforcement, commercial or industrial guard service, or security service supervisory positions). The two-year requirement may be satisfied by completion of a career development program that includes work-related experience, training, or college credits at a level of achievement equivalent to the basic requirement, as practiced in the federal hiring process.

d) Training Officers. Certified instructors shall conduct all instruction and testing of Contractor personnel. A state or national level recognized institution certification of instructors is mandatory unless otherwise approved in writing by the COR. Certification of instructors may be established by documentation of past experience in teaching positions or by successful completion of a course of training for qualifying personnel as instructors. The COR must approve the instructor prior to any training.

e) Quality Assurance Manager. The Quality Assurance Manager shall hold an accredited bachelor's degree in an appropriate discipline or have a minimum of three years of related industry experience, and have knowledge of program objectives, policies, procedures, and requirements for managing a secure detention/correctional facility.

4. **Facility Floor Plan and Guard Post Map**

The Contractor shall provide a facility floor plan which clearly identifies all recommended detention guard posts and corresponding guard shift requirements (e.g. 24/7, 8 hours M – F, weekend-only, etc.). The floor plan shall be submitted with the facility staffing plan and shall be approved by ICE technical expert prior to commencement of services under this contract. Changes to the guard posts or shift requirements shall be approved by the CO/COR.

5. **Organizational Chart**

The Contractor shall provide an organizational chart that describes the structure of authority, responsibility, and accountability within the facilities. The Contractor shall update this chart as necessary. The Contractor shall make the chart available for review by the CO or COR upon request.

K. Employee Health

https://www.osha.gov/law-regs.html
https://www.osha.gov/Publications/QandA/osha3160.htm

Employee health files for all Offeror's Medical Service Providers employees must be maintained on-site. Health files are maintained in accordance with DHS and ICE Privacy Policies and the Privacy Act of 1974 and contain the following documents:

1. Initial and annual TB infection screening results;
2. Vaccination records including results, titers, and Immunization Declination Form(s);
3. OSHA 301 Incident forms;
4. Blood borne pathogen exposure documentation;
5. Respirator medical clearance;
6. Respirator fit test results; and
7. Other employee health documents.

The Medical Service Provider may initiate employment of an individual who has initiated the required vaccines schedule, and the individual hired may begin work on the contract as long as they meet all subsequent vaccine schedule requirements until fully vaccinated.

All Medical Service Providers' personnel must provide documentation regarding the following:

1. History of testing for tuberculosis (TB) within the last 12 months:

    a) Chest x-ray if employee has a history of latent TB infection (LTBI), treatment history for LTBI or TB disease, if applicable; and
    b) Additionally, on an annual basis and at own expense, Medical Service Provider shall provide a current TST or IGRA test result if the employee previously tested negative for LTBI, evaluation for TB symptoms if the employee previously tested positive for LTBI, and follow up as appropriate in accordance with Centers for Disease Control and Prevention (CDC) guidelines.
2. Recommended Immunizations

    Individuals employed by the Medical Service Provider in a custody or detention environment are at significant risk for acquiring or transmitting Hepatitis B, measles, mumps, rubella, varicella and seasonal influenza. These diseases are vaccine-preventable. Therefore, the following vaccinations are highly recommended for the Medical Service Provider's personnel. If staff decline or refuse any of these recommended vaccines, an Immunization Declination Form is required, and the Contracting Officer Representative must be notified of the refusal. ICE reserves the right to refuse Medical Service Provider employees that refuse vaccines.
    a) Hepatitis A;
    b) Hepatitis B;
    (Note: The U.S. Occupational Safety and Health Administration (OSHA) Blood-borne Pathogens (BBP) Standard requires employers to provide employees at risk of occupational exposure to blood and other potentially infectious material (OPIM) with the Hepatitis B vaccination series. Refer to OSHA regulations https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact05.html
    c) Varicella;
    d) Measles, Mumps, Rubella (MMR);
    e) Diphtheria, tetanus, a-cellular pertussis (DTAP); and
    f) Annual seasonal influenza.

    The Medical Service Provider's personnel will provide immunization documentation or titer results to the Health Services Administrator or the employer's designee for placement in the employee health file. It is recommended that the CDCs Immunization of Health- Care Workers: Recommendations of the Advisory Committee on

Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) be used as a reference for employee health immunization issues.

L. Contractor's Employee Rules

The Contractor shall provide employee rules or policies, which, at a minimum, address the following:

1. Organization
2. Recruiting procedures
3. Opportunities for Equal Employment
4. Qualifying for jobs, job descriptions, responsibilities, salaries, and fringe benefits
5. Screening employees for illegal drug use
6. Holidays, leave, and work hours
7. Personnel records, employee evaluations, promotion, and retirement
8. Training
9. Standards of conduct, disciplinary procedures, and grievance procedures
10. Resignation and termination
11. Employee-management relations
12. Security, safety, health, welfare, and injury incidents

The Contractor shall provide a copy of the rules or policies to the Contractor's employees at the facility. Upon request by the COR, the Contractor shall document to the Government that all employees have reviewed a copy of the rules or policies.

M. Minimum Standards of Employee Conduct

The Contractor shall develop standards of employee conduct and corresponding disciplinary actions that are consistent with the following standards of conduct. All employees shall certify in writing that they have read and understand the standards. A record of this certificate must be provided to the COR prior to the employees beginning work under this contract. The Contractor shall hold employees accountable for their conduct based on these standards, which are not restricted to, but must include:

1. Employees shall not display favoritism or preferential treatment to one detainee, or group of detainees, over another.
2. Employees shall not discuss or disclose information from detainee files or immigration cases, except when necessary in the performance of duties under this contract.
3. The employee may not interact with any detainee except in a relationship that supports the approved goals of the facility. Specifically, employees shall not receive nor accept any personal (tangible or intangible) gift, favor, or service, from any detainee, any detainee's family, or associate no matter how trivial the gift, favor, or service may seem, for themselves or any members of their family. In addition, the employee shall not give any gift, favor, or service to detainees, detainee's family, or associates.
4. The employee shall not enter into any business relationship with detainees or their families (e.g., selling, buying, or trading personal property).

5. The employee shall not have any outside or social contact with any detainee, his or her family, or associates, except for those activities which are part of the facility program and a part of the employee's job description.
6. All employees are required to immediately report to the Warden/Facility Director or ICE Supervisor any criminal or non-criminal violation or attempted violation of these standards.
7. The Contractor shall report all violations or attempted violations of the standards of conduct or any criminal activity immediately to the COR. Violations may result in employee removal from the facility. Failure on the part of the Contractor either to report a known violation or to take appropriate disciplinary action against an offending employee or employees shall subject the Contractor to appropriate action including possible termination of the contract for default.
8. The Contractor shall not employ any person whose employment would present an actual or apparent conflict of interest. The Contractor is specifically prohibited from hiring active duty military personnel and civilians employed by the Government to perform work under this contract.

N. Removal from Duty

If the COR or the Contractor receives and confirms disqualifying information concerning a Contractor employee, the Contractor shall, upon notification by the COR, immediately remove the employee from performing duties under this contract. The Contractor shall revoke the employee's identification credentials and complete any required dispositions. The Contractor shall immediately notify the COR when the employee is removed from duty. Disqualifying information includes but is not limited to the following:

1. Conviction of a felony, a crime of violence, domestic violence, or a serious misdemeanor within the last five (5) years.
2. Possessing a record of arrests for continuing offenses.
3. Falsification of information entered on suitability forms.
4. Non-payment of court ordered payments (child support, liens, etc.) or excessive delinquent debt as determined by credit check.
5. Misconduct or negligence in prior employment, which would have a bearing on efficient service in the position in question or would interfere with or prevent effective accomplishment by the employing agency of its duties and responsibilities.
6. Alcohol abuse of a nature and duration which suggests that the applicant or appointee would be prevented from performing the duties of the position in question or would constitute a direct threat to the property or safety of others.
7. Illegal use of narcotics, drugs, or other controlled substances, without evidence of substantial rehabilitation.
8. Introduction of contraband into or unto the facility.

ICE may direct the Contractor to remove any employee who has been disqualified either for security reasons or for being unfit to perform his/her duties as determined by the COR or the Contracting Officer. The Contractor shall take action immediately and notify the COR when

the employee is removed from duty. A determination of being unfit for duty may be made from, but is not limited to, incidents of delinquency set forth below:

1. Violation of the Rules and Regulations Governing Detention facilities set forth in ICE Publications entitled "Detention Officer Handbook;"
2. Violation of the Rules and Regulations Governing Public Buildings and Grounds, 41 CFR 101-20.3;
3. Neglect of duty, including sleeping while on duty, loafing, unreasonable delays or failures to carry out assigned tasks, conducting personal affairs during official time, leaving post without relief, and refusing to render assistance or cooperation in upholding the integrity of the security program at the work sites;
4. Falsification or unlawful concealment, removal, mutilation, or destruction of any official documents or records, or concealment of material facts by willful omissions from official documents or records;
5. Theft, vandalism, immoral conduct, or any other criminal actions;
6. Possessing, selling, consuming, or being under the influence of intoxicants, drugs, contraband, or substances which produce similar effects;
7. Unethical or improper use of official authority or credentials;
8. Unauthorized use of communication equipment or government property;
9. Misuse of equipment or weapons;
10. Violations of security procedures or regulations;
11. Recurring tardiness;
12. Undue fraternization with detainees as determined by the COR;
13. Repeated failure to comply with visitor procedures as determined by the COR;
14. Performance, as determined by investigation by the Contracting Officer, involving acquiescence, negligence, misconduct, lack of diligence, good judgment, and/or good common sense resulting in, or contributing to, a detainee escape;
15. Failure to maintain acceptable levels of proficiency or to fulfill training requirements;
16. Changes in an employee's ability to meet the physical and/or mental health requirements of this contract;
17. Contractor employee who is under investigation by any law enforcement agency will be removed from duties pending outcome of the disposition.

At the direction of the COR, the Contractor shall reassign contract employees who have been arrested or who have alleged misconduct to duties that do not permit direct contact with detainees pending the disposition of the charges. Any alleged misconduct shall be reported immediately to the COR. If such reassignments are not available, the Contractor shall remove the employee from work under this contract and other ICE contracts.

O. Tour of Duty Restrictions

The Contractor shall not utilize any uniformed contractor employee to perform duties under this contract for more than 12 hours in any 24-hour period and shall ensure that such employees have a minimum of eight hours off between shifts. Authorization is required from the COR prior to an employee performing services that exceed 12 hours. If an employee is

performing other duties for either the Contractor or another employer, those hours shall count against the 12-hour limitation.

P. Dual Positions

In the event that a supervisory detention officer is not available for duty the Contractor shall provide a full-time supervisor as a replacement. A contract employee shall not hold the position of Detention Officer and Supervisory Detention Officer simultaneously. The COR will document and refer to the Contracting Officer the failure of the Contractor to provide necessary personnel to cover positions.

Q. Post Relief

As indicated in the post orders, the Detention Officer shall not leave his or her post until relieved by another Detention Officer. The Contractor or Contractor's Supervisors authorize rest or relief periods, the Contractor shall assign undesignated officers to perform the duties of the Detention Officers on break.

R. Personnel Files

The Contractor shall maintain a system of personnel files and make all personnel files available to the CO and the COR upon request. These files shall be maintained and current for the duration of the employee's tenure under the contract. The files shall contain verification of training and experience and credentials for all the staff.

S. Uniform Requirements

These requirements apply to Supervisory Detention Officers and Detention Officers who perform work under the contract.

1. Uniforms

The Contractor shall provide uniforms to its employees. The design and color of the Contractor's uniforms, patches, badges, and other identifiable markings shall not be similar in color or style to those worn by ICE officers. All officers performing under this contract shall wear uniforms of the same style and color while on duty. The rank of authority must be prominently displayed as part of each uniform. A shoulder patch should distinctly identify the Contractor. Uniforms and equipment do not have to be new but shall be in good condition and meet the standards at start of duty. Officers not in proper uniform shall be considered "not ready for duty/not on duty" until properly uniformed. All uniforms shall be clean, neat, and in good order. Uniforms that are frayed, stained, faded, or considered too worn by the COR shall be replaced by the Contractor.

The complete uniform consists of seasonal attire that includes appropriate shirt, pants, belt, jacket, shoes or boots (mandatory), duty belt, mini-mag flashlight and holder,

handheld radio, handcuff holder, and key-holder. The Contractor shall ensure that each officer has a complete uniform while performing assignments under this contract.

Prior to the contract performance date, the Contractor shall document to the COR the uniform and equipment items that have been issued to each employee. The COR shall approve or disapprove any uniform apparel. The Contractor shall provide a submittal of the uniform or any uniform changes to the COR for approval.

2. Identification Credentials

The Contractor shall ensure that all employees, both uniformed and non-uniformed (if applicable), have the required identification credentials in their possession while on the premises. The Contractor identification credential document shall contain the following:

a) A photograph that is at least one-inch square that shows the full face and shoulders of the employee and is no more than 30 days old when the Contractor issues the credential.
b) A printed document that contains personal data and description consisting of the employee's name, gender, birth date, height, weight, hair color and eye color, as well as the date of issuance, the signature of the employee, and the signature of project manager or designated Contractor personnel.
c) To avoid the appearance of having Government issued badges, the contractor shall not possess wallet type badges or credentials. All credentials shall be approved by the COR.

T. Permits and Licenses

1. Licensing of Employees

The Contractor shall ensure each employee has registrations, commissions, permits, and licenses as required by the district, municipality, county, and state in which ICE work site is performed prior to EOD. The Contractor shall verify all licenses and certifications. If applicable, all Contractor staff shall possess a current license/registration, in the state in which they are practicing.

2. Jurisdiction

The Contractor's authority under this contract is limited to space or posts that are under the charge and control of ICE. The Contractor shall not extend its services into any other areas.

U. Encroachment

Contractor employees shall not have access to Government equipment, documents, materials, or telephones for any purpose other than as authorized by ICE. Contractor employees shall

not enter any restricted areas of the detention centers unless necessary for the performance of their duties.

V. Work Schedules

The Contractor shall follow the criteria described below when establishing work schedules, contact relief, rest periods, and starting and stopping work.

1. Post Work Schedules

One week in advance, the Contractor shall prepare supervisory and Detention Officer work schedules, for a two-week period, and shall post them in work areas or locker rooms. A manpower report shall be submitted to the COR on a monthly basis. Schedules shall be prepared on a form designated by ICE. Changes in duty hours shall also be posted on this form in sufficient time to ensure 24-hour advance notice. At the completion of each shift, the Contractor shall, upon request of the COR, also provide an employment report listing (copies of the sign-in sheets [GSA Form 139, Record of Arrival and Departure from Buildings during Security Hours] for each shift) for each employee who actually worked, work classification, post assignments, and hours worked, as well as total hours worked by supervisory and non-supervisory employees. A Contractor Supervisor shall conduct regular post checks to ensure personnel are on duty. When a contract employee is not being utilized at a given post, the Contractor at the direction of the COR or ICE designee may reassign him/her to another post.

2. Starting and Stopping Work

The Contractor is responsible for all employees to be dressed in full uniform and ready to begin work promptly at the beginning of each shift. Each employee shall remain at the duty locations until the shift is completed.

a) Recording Presence

The Contractor shall direct its employees to sign in when reporting for work and to sign out when leaving at the end of their period of duty. The Contractor's supervisory and regular personnel are required to register at the applicable work site(s) and shall use GSA Form 139. The Government shall specify the registration points, which will be at the protected premises, and the Contractor shall utilize those points for this purpose.

Officers, working as supervisors, shall make the designation "Supervisor" in the rank column on GSA Form 139; all others will enter "On Duty." The applicable post or position numbers may be entered in the "relief" column after mutual concurrence between ICE and the Contractor.

Each line on GSA Form 139, or other forms designated by ICE must be completed in chronological order, without exception. Lines may not be left blank between

signatures. If an entire line is used to enter a calendar date to separate individual workdays, a one-line limit for each date entered will be followed. Erasures, obliterations, superimposed, or double entries of any type on any one line are unacceptable and will not be processed for payment. If errors are made in signatures, times, post numbers, or duty status on this form, the next line immediately following the line containing such errors, will be used to record all corrected information. A single line will be drawn through the entire line on which such mistakes appear. The Contractor must attach a detailed memorandum explaining the reasons for the mistakes to each form containing erroneous entries.

b) Rest Periods

When the Contractor or a contractor supervisor authorizes rest and relief periods for the contract employees, a substitute officer shall be assigned to the duty location.

c) Work Relief

When the work assignments require that the Contractor's employees do not leave the assigned duty locations until a substitute officer has provided relief, this condition shall be explicitly stated on GSA Form 2580, Guard Post Assignment Record, or other forms designated by ICE COR. The Contractor shall enforce the procedure without exceptions.

W. Training

All training shall be conducted in accordance with PBNDS 2011, Standard 7.3 "Staff Training." Detention Officers shall not perform duties under this contract until they have successfully completed all initial training and the COR receives written certification from the Contractor. Any remuneration or pay due to the Contractor employee in accordance with U.S. Department of Labor regulations for any training time is the responsibility of the Contractor. Alternative or E-training techniques, unless approved in writing by the CO via the COR, shall not be used. The training site shall be provided at no additional cost to the Government.

1) General Training Requirements

All Officers must have the training described in the ACA Standards and in this sub-section. The Contractor shall provide the required refresher courses or have an institution acceptable to the COR to provide the training. Failure of any employee to complete training successfully is sufficient reason to disqualify him or her from duty.

All new Detention Officers will receive 60 hours of basic training, not to include firearms, prior to EOD and 40 hours of on-the-job training within the first month of employment. The Contractor's Training Officer will be responsible for administering an on-the-job training program for new employees. A senior Detention Officer, at all times during this latter 40-hour period, must accompany the Detention Officers. The

Contractor's Training Officer shall send a copy of the documentation to the COR upon successful completion of the employee's on-the-job training.

In addition, after completion of the first 100 hours of training, the Contractor has 60 days to complete an additional 40 hours of training for each employee. During the remainder of the first year on duty, the Contractor shall cause the employee to have an additional 40 hours of training for a total of 180 hours within the first year of employment. The training program must directly relate to the employee's assigned position and afford application of necessary job skills.

a) Basic Training Subjects

Officers must complete the training required in accordance with the ACA and PBNDS 2011. Required training may include but not be limited to the following:

1)	In-service Orientation/Social Diversity	2 HRS
2)	Counseling Techniques/Suicide Prevention and Intervention*	2 HRS
3)	Conduct/Duties/Ethics and Courtroom Demeanor	2 HRS
4)	Bomb Defense and Threats	1 HR
5)	Telephone Communications/Radio Procedures	1 HR
6)	Annual IT Security Training	1 HR
7)	Fire and other Emergency Procedures	2 HRS
8)	Treatment and Supervision of Detainees	2 HRS
9)	ICE Use of Force Policy	2 HRS
10)	Security Methods/Key Control/Count	1 HR
11)	Procedures/Observational Techniques	4 HRS
12)	EEO/Sexual Harassment	2 HRS
13)	Detainee Escort Techniques	1 HR
14)	ICE Paperwork/Report Writing	2 HRS
15)	Detainee Searches/Detainee Personal Property	4 HRS
16)	Property/Contraband	2 HRS
17)	Detainee Rules and Regulations	2 HRS
18)	First Aid*	4 HRS
19)	Cardiopulmonary Resuscitation (CPR)*	4 HRS
20)	Blood-borne Pathogens*	2 HRS
21)	Self Defense	8 HRS
22)	Use of Restraints	5 HRS
23)	Firearms Training**	
24)	Sexual Abuse/Assault Prevention and Intervention*	2 HRS
25)	ICE National Detention Standards	2 HRS

All training shall be conducted in a classroom or on-the-job training environment and shall be in accordance with the ACA Standards and PBNDS 2011. On-line training is specifically prohibited to meet these requirements, unless approved in writing by the COR.
** Critical Training Subjects*

*** Firearm Training for Detention Officers who are required to provide Armed Transportation shall be in accordance with state licensing requirements. The Contractor shall certify proficiency semi-annually.*

b) Refresher Training

Every year the Contractor shall conduct 40 hours of Refresher Training for all Detention Officers including Supervisory Detention Officers. Refresher training shall consist of these critical subjects listed above and a review of basic training subjects and others as approved by ICE.

The Contractor shall coordinate recertification in CPR and First Aid with the ICE training staff. This training shall be provided at no cost to the Government. Annually, upon completion, the Contractor shall provide documentation of refresher training to the COR.

In addition to the refresher training requirements for all Detention Officers, supervisors must receive refresher training relating to supervisory duties.

c) On-the-Job Training

After completion of the minimum of 60 hours basic training, all Detention Officers will receive an additional 40 hours of on-the-job training at specific post positions to be completed within a month of employment.
This training includes:

1) Authority of supervisors and organizational code of conduct.
2) General information and special orders.
3) Security systems operational procedures.
4) Facility self-protection plan or emergency operational procedures.
5) Disturbance Control Team training.

d) Training During Initial 60 Day Period

The Contractor shall provide an additional 40 hours of training for Detention Officers within 60 days after completion of first 100 hours of training. The Contractor shall provide the training format and subjects, for approval by the COR and/or CO, prior to the commencement of training.

e) Basic First Aid and CPR Training

All Contractor employees shall be trained in basic first aid and CPR. They must be able to:

1) Respond to emergency situations within four minutes.
2) Perform cardiopulmonary resuscitation (CPR).

3) Recognize warning signs of impending medical emergencies.
4) Know how to obtain medical assistance.
5) Recognize signs and symptoms of mental illness.
6) Administer medication.
7) Know the universal precautions for protection against blood-borne diseases.

2) Supervisory Training

All new Supervisory Detention Officers assigned to perform work under this contract must successfully complete a minimum of 40 hours of formal supervisory training provided by the Contractor prior to assuming duties. This training is in addition to mandatory training requirements for Detention Officers. Supervisory training must include at a minimum, the following management areas (in addition to 20 more hours of training):

a) Techniques for issuing written and verbal orders	2 HRS
b) Uniform clothing and grooming standards	1 HR
c) Security Post Inspection procedures	2 HRS
d) Employee motivation	1 HR
e) Scheduling and overtime controls	2 HRS
f) Managerial public relations	4 HRS
g) Supervision of detainees	4 HRS
h) Other company policies	4 HRS

Additional classes are at the discretion of the Contractor with the approval of the COR.

The Contractor shall submit documentation to the COR, to confirm that each supervisor has received basic training as specified in the basic training curriculum.

3) Proficiency Testing

The Contractor shall give each Detention Officer a written examination following each training class to display proficiency. The Contractor may give practical exercises when appropriate.

4) Certified Instructors

Certified instructors shall conduct all instruction and testing. A state or nationally recognized institution shall certify instructors unless otherwise approved in writing by the COR. Certifications of instructors may be established by documentation of past experience in teaching positions or by successful completion of a course of training for qualifying personnel as instructors. The COR must approve the instructor prior to the training course.

5) Training Documentation

The Contractor shall submit a training forecast and lesson plans to the COR or ICE designee at least 30 days prior to all training. The training forecast shall provide date, time, and location of scheduled training and afford the COR observation/evaluation opportunity.

The Contractor shall certify and submit the training hours, type of training, date and location of training, and name of the instructor monthly for each employee to the COR or ICE designee.

V. DETENTION SERVICES

A. Detention Site Standards

The Contractor shall ensure that detention sites conform to PBNDS 2011. A fire and emergency plan shall exist and shall be aggressively managed. The Contractor shall ensure facilities conformance to the following:

1. Be clean and vermin/pest free.
2. Have a suitable waste disposal program.
3. The Contractor shall provide and distribute suitable linens (sheets, pillow cases, towels, etc.). The Contractor shall launder and change linens per PBNDS 2011 4.5 Personal Hygiene.
4. The Contractor shall provide and distribute appropriate clean blankets.
5. The Contractor shall ensure fire and emergency exits remain unimpeded to permit prompt evacuation of detainees and staff members in an emergency.
6. The Contractor shall provide and distribute articles of personal hygiene (e.g., soap, personal deodorant, toothbrush, toothpaste, comb, toilet paper, and shaving equipment).

For safety, security, and sanitation purposes, an inspection of the detainee housing areas shall be conducted by a supervisor at a minimum of once per shift. The inspection shall be logged into the security logbook and be available for review by the COR or ICE designee.

All locks, windows, walls, floors, ventilators, covers, access panels, and doors shall be checked daily for operational wear and detainee tampering. The Contractor shall take immediate action to repair all defective equipment.

The facility shall be subject to periodic and random inspections by the COR, ICE designee, or other officials to insure compliance with ICE Standards. Deficiencies shall be immediately rectified or a plan for correction submitted by the Contractor to the COR for approval.

B. Language Access

The Contractor is responsible for providing meaningful access to all programs and services (e.g. medical, intake, classification, sexual assault reporting) for individuals with limited English proficiency. This should be accomplished through professional interpretation and

translation or bilingual personnel for necessary communication with detainees who do not speak or understand English. Oral interpretation should be provided for detainees who are illiterate. Other than in emergencies, and even then, only for that period of time before appropriate language services can be procured, detainees shall not be used for interpretation or translation services. The Contractor should utilize commercial phone language interpretive services to ensure fulfillment of this requirement. All written materials provided to detainees shall generally be translated into Spanish. Where practicable, provisions for written translation shall be made for other significant segments of the ICE population with limited English proficiency.

C. Health and Medical Care Policies

The Contractor shall comply with written policies and procedures for appropriately addressing the health needs of detainees in ICE custody. Written policies and procedures shall include, but not be limited to, the following:

1. Policies and procedures for accessing 24-hour emergency medical care for ICE detainees.
2. Policies and procedures for prompt summoning of emergency medical personnel.
3. Policies and procedures for evacuation of detainees, if deemed necessary by qualified medical personnel.
4. Policies, procedures, and post procedures for duty officers to ensure that medical emergencies are recognized and promptly attended to.
5. The Contractor shall notify the COR and/or ICE designee of all detainee requests for the need of medical treatment. These requests shall be addressed with urgency.

D. Medical Services

The Contractor must provide adequate space for health services, to include office and support space within the medical clinic.

The Medical Service Provider shall be responsible for providing health care services for ICE detainees at the Facility in accordance with the current PBNDS 2011, NCCHC and/or the ACA standards that are in place at the time of this agreement, including but not limited to intake arrival screening, infectious disease screening and treatment, emergent, acute and chronic care, on-site sick call, dental services, and mental health services. Also required is over-the-counter and prescription medications per the FY 2019 ICE Health Service Corps (IHSC) National Formulary (Attachment 3) and IHSC Form 067 Request for approval of non-formulary medications (Attachment 4) or equivalent. Elicitation of a history and provision of required vaccinations per the Centers for Disease Control and Prevention (CDC) and the Advisory Committee for Immunization Practices (ACIP) recommendations is a requirement of all contractors providing health care services for ICE detainees, at a minimum to address the population that are the highest risk (i.e. Diabetics, HIV, Cancer, Seizure, Heart Disease, Asthma, Cancer and over the age of 50, pregnant females and other special populations), as well as those necessary to address pandemic events according to guidance provided by the IHSC Field Medical Coordinator (FMC). On-site routine labs and CLIA waived testing will be a requirement of the Medical Service Provider. Off-site labs

must be approved through the Medical Payment Authorization Request (MedPAR) system and will be paid for by IHSC. All routine medical supplies will be provided at no additional cost to the government or the ICE detainee. All of the above costs except off site specialty care, emergent care, hospitalizations and approved formulary and non-formulary retail purchases of medications and durable medical equipment will be included in the bed day rate for this contract.

One exception, as noted above, would be any approved prescription medications that must be filled at a retail pharmacy location, to include: approved non-formulary medications, or any approved newly marketed medication not currently available at the on-site pharmacy, as well as durable medical equipment identified as necessary by a medical provider. The mechanism for approval of retail purchases of medications is required of the clinical medical authority, as designated through the position description submitted by the Medical Service Provider, and durable medical equipment will be made available through the MedPAR system with assistance of the IHSC Field Medical Coordinator (FMC) or designee as needed.

1. In the event of a medical emergency, the Medical Service Provider shall proceed immediately to provide necessary emergency medical treatment, including initial on-site stabilization and off-site transport to an appropriate emergent care facility, as needed. The Medical Service Provider shall notify ICE immediately regarding the nature of the transferred detainee's illness or injury and the type of treatment provided. The cost of all emergency medical services provided off-site will be the responsibility of ICE Health Service Corps (IHSC). At no time shall the Medical Service Provider or detainee incur any financial liability related to such services. All such services are submitted for approval through the MedPAR system. The primary point of contact for obtaining pre-approval for non-emergent care as well as the post-approval for emergent care will be the IHSC FMC assigned to this location.

2. The Medical Service Provider shall furnish a twenty-four (24) hours/seven days per week emergency medical/dental/mental health care contact list which must include local hospitals and other off-site specialty care providers. The Medical Service Provider shall ensure they have access to an off-site emergency medical provider at all times.

3. The Medical Service Provider must make available a facility emergency evacuation procedure guide that includes any patients currently housed in a medical/mental health housing area, including any isolation rooms as well as other special housing areas within the facility. The Medical Service Provider must provide training on all emergency plans to the on-site medical staff, both initially and annually after hire.

4. A separate medical record, apart from the resident's social record/or alien file, is to be maintained by the authorized Medical Service Provider. Medical records will be created and maintained by the responsible authorized Medical Service Provider and/or the ICE contracted vendor. IHSC will have full and open access to all detainee medical records during custody and up through the record retention timeframe, and as stipulated by state and local regulations. These documents will be maintained and stored per the following:

a) ICE Health Service Corps uses the following retention requirement to maintain detainee health records for 10 years after release from custody for adults; the records for minors will be maintained until the minor reaches the age of 27 years. Records will be maintained in a format that is easily accessed and, in a location, that is secure, pest and vermin free environment, protected from fire, flood, humidity, dust, mildew, mold, and preferably climate controlled.

b) A copy of a detainee's medical records shall be transferred with the detainee upon request of the detainee. Otherwise a medical transfer summary shall accompany each detainee outlining necessary care during transit and initial period of detention entry into another facility, including current medications, medical precautions, tuberculosis testing and evaluation status, equipment needed, and appropriately authorized methods of travel. It is preferred that the Medical Service Provider seek to provide an Office of the National Coordinator (ONC) certified electronic health record for recording all detainee encounters. If a paper record is used, the record format must adhere to the NCCHC and/or other National Health Record format.

5. The Medical Service Provider shall furnish on-site health care under this Agreement as defined by the Facility Local Health Authority (usually the Health Administrator) and as approved by the ICE Health Authority on the effective date of this Agreement. The Medical Service Provider shall not charge any ICE detainee a fee or co-payment for medical services or treatment provided at the Facility. The Medical Service Provider shall ensure that ICE detainees receive no lower level of onsite medical care and services than those spelled out in the current PBNDS 2011 and based on community standards of care.

6. The Medical Service Provider shall ensure that all health care providers utilized for the care of ICE detainees are credentialed, to include: primary source verification, current licensure, certifications, and/or registrations within the State and/or City where they treat the detained population, and inquiry regarding sanctions or disciplinary actions (i.e. National Practitioner Data Bank). The Medical Service Provider shall retain, at a minimum, staffing levels as approved by IHSC at the time of implementation of this contract (Attachment 5). The Medical Service Provider shall ensure that all health care staff employed under this agreement to provide care to ICE Detainees shall be licensed and/or certified as required by the State in which the designated facility covered under this agreement resides. At no time will unlicensed and/or uncertified health care staff provide care to ICE Detainees.

7. The Medical Service Provider shall ensure that its healthcare system /employees solicit from each detainee requests for healthcare (sick call) daily and that this is tracked through a written system of accountability and within the health record with care delivered per current PBNDS 2011, NCCHC and/or ACA standards.

8. On-site health care personnel shall perform initial medical screening within 12 hours of arrival to the Facility. Arrival screening shall include, at a minimum, all questions captured on the PBNDS 2011 Intake Screening Form (Attachment 6) or equivalent:

testing for TB infection and/or disease, and the elicitation and recording of past and present medical history (mental and physical, dental, pregnancy status, history of substance abuse, screening questions for other infectious disease, and current health status). Initial screening will also entail measurement of height, weight, and a complete set of vital signs (BP, P, R, and T). Blood sugar and O2 readings may be necessary dependent upon specified diagnosis or current medical concern exhibited or verbalized by the detainee and observed by medical provider.

a) **A full health assessment to include a history and physical examination shall be completed within the first 14 days of an adult detainee arrival unless the clinical situation dictates an earlier evaluation. Detainees with chronic medical, dental, and/or mental health conditions shall receive prescribed treatment and follow-up care with the appropriate level of provider and in accordance with the current PBNDS 2011, NCCHC and/or ACA standards.**

b) **Pregnancy Screening. Initial health screening will ensure that all female detainees/residents ages 10-56 complete a pregnancy test. The Field Operations Director (FOD) will be notified immediately regarding females determined to be pregnant, but no later than 72 hours after such determination. The field medical coordinator (FMC) and other IHSC personnel will coordinate with the Assistant FOD and /or FOD in ensuring that detention facility staff are aware of these notification requirements.**

9. The Medical Service Provider must provide detainees with access to medical services, preferably on-site, or with minimal wait times for community providers. Services provided shall include sick call coverage, provision of over-the-counter and prescription medications, treatment of minor injuries, treatment of special needs, mental health and dental health assessments. All travel medications must be provided per the current PBNDS 2011 requirement. The facility mental health program shall include appropriate group counseling, individual talk therapy, peer-support groups, and psychiatric services to meet the needs of the population.

10. The Medical Service Provider shall furnish mental health evaluations as determined by the Facility Local Health Authority and in accordance with the current PBNDS 2011, NCCHC and/or ACA standards.

11. If the Medical Service Provider determines that an ICE detainee has a medical condition which renders that person unacceptable for detention under this Agreement (for example, condition needing life support, uncontrollable violence, or serious mental health condition), the Medical Service Provider shall notify their FMC and ICE. Upon such notification, the Medical Service Provider shall allow ICE reasonable time to make the proper arrangements for further disposition of that detainee. The Medical Service Provider should expect to be requested and attest to ICE that the detainee is medically cleared for transportation and advise ICE of the necessary precautions and equipment

required for such transportation. IHSC FMC consultation regarding these matters is available at any time.

12. Hospitalization of Detainees

    Upon order of the COR or designated ICE officer, or in an emergency situation, the Contractor shall take custody of and safeguard detainee(s) at a hospital or clinic when the detainee(s) are undergoing medical examination. The contract employee will remain until relieved by another contract employee. Twenty-four-hour custody shall be maintained, with constant visual observation when practicable. The detainees shall not use the telephones unless the Contractor receives prior approval from the COR or other ICE designee. The contract employees shall not fraternize with clinic/hospital staff or with casual visitors to the clinic/hospital. Detainee visitation is not permitted at the hospital. To prevent any situation which could result in a breach of security, requests for visitation while the detainee is in detention, including hospital detention shall be pre-approved by the COR(s) or other ICE designee prior to allowing access to the detainee. The Contractor is obligated to relay messages as requested by the detainee to the COR or other ICE designee.

13. Manage a Detainee Death

    The Contractor shall comply with PBNDS 2011, Standard 4.7 Terminal Illness, Advanced Directives, and Death, in the event of a detainee injury or death. In the event of a detainee death, the Contractor shall immediately notify the COR or ICE designee and submit a written report within 24 hours. The Contractor shall fingerprint the deceased. Staff members performing the fingerprinting shall date and sign the fingerprint card to ensure that a positive identification has been made and file the card in the detainee's file. Personal property of the deceased shall be inventoried, and release coordinated with ICE to the designated family member, the nearest of kin, or the Consular Officer of the detainee's country of legal residence.

    If death is due to violence, accident surrounded by unusual or questionable circumstances, or is sudden and the deceased has not been under immediate medical supervision, the Contractor shall notify the coroner of the local jurisdiction to request a review of the case, and if necessary, examination of the body.

    The Contractor shall establish coroner notification procedures outlining such issues as performance of an autopsy, who will perform the autopsy, obtaining state-approved death certificates, and local transportation of the body.

    The Contractor, in coordination with the COR or ICE-designee, shall ensure the body is turned over to the designated family member, the nearest of kin, or the Consular Officer of the detainee's country of legal residence.

14. The Medical Service Provider shall release any and all medical information for ICE detainees to IHSC representatives upon request.

15. The Medical Service Provider shall submit a Medical Payment Authorization (MedPAR) to IHSC for payment for off-site medical care (e.g. off-site lab testing, eyeglasses, prosthetics, specialty care, hospitalizations, emergency visits). The Medical Service Provider shall enter payment authorization requests electronically as outlined in the MedPAR User Guide: https://medpar.ehr-icehealth.org/.

16. The Health Authority of the Medical Service Provider shall notify ICE and the FMC as soon as possible if emergency off site care will be or was required; and in no case more than 72 hours after the detainee received such care. Authorized payment for all off-site medical and/or mental health services beyond the initial emergency situation will be made by the Veterans Administration Financial Service Center (VA FSC) on behalf of IHSC directly to the medical provider(s).

IHSC VA Financial Services Center
PO Box 149345
Austin, TX 78714-9345
Phone: (800) 479-0523
Fax: (512) 460-5538

17. The Medical Service Provider shall allow IHSC and ICE personnel access to its facility and ICE detainees' medical records for healthcare review, complaint investigations, and liaison activities with the local contract Health Authority and associated Medical Service Provider departments in accordance with HIPAA privacy exception at 45 CFR §§ 164.512 (k)(5)(i).

18. The Medical Service Provider shall provide ICE detainee medical records to ICE whether created by the Medical Service Provider or a sub-Medical Service Provider/vendor upon request from the Contracting Officer's Representative or Contracting Officer in accordance with HIPAA privacy exception at 45 C.F.R. §§ 164.512 (k)(5)(i). This privacy exception allows disclosure without consent to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual if the correctional institution or such law enforcement official represents that such protected health information is necessary for:

a) The provision of health care to such individuals;
b) The health and safety of such individual or other inmates;
c) The health and safety of the officers or employees of or others at the correctional institution;
d) The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
e) Law enforcement on the premises of the correctional institution;
f) The administration and maintenance of the safety, security, and good order of the correctional institution; and

g) Conducting a quality improvement / quality of care review consistent with an established quality improvement (medical quality management) program and interfacing with the IHSC quality improvement program consistent with federal, state, and local laws.

19. The VA Financial Services Center provides prescription drug reimbursement for individuals in the custody of ICE. Prescriptions are filled at local pharmacies which are part of the Script Care Network (or other designated Pharmacy Benefits Manager). Below is the process for obtaining prescriptions for ICE detainees:

a) The Medical Service Provider shall request a group number which should be used at the pharmacy in conjunction with the BIN# 004410 and Processor Control # assigned by Script Care Network to designate the pharmacy benefit is for an ICE detainee. The custodial facility should either fax or take a copy of the prescription to their participating pharmacy and indicate that the prescription is for an ICE detainee.
b) The pharmacy shall run the prescription through the Script Care network for processing.
c) Formulary prescriptions will be dispensed; however, there will be no need for an exchange of cash between the pharmacy and custodial facility as the pharmacy will receive payment directly from Script Care.
d) Non-Formulary prescriptions will follow the same procedure as formulary prescriptions; however, non-formulary medications will require prior authorization. The custodial facility will fax the Drug Prior Authorization Request Form to Script Care to 409-833-7435. The authorization will be loaded into the Script Care network and the pharmacy will receive a call indicating that the prescription has been approved. Non-Formulary urgent requests must be submitted in the above manner except an X should be placed on the form marked for URGENT REQUEST and faxed to 409-923-7391. The authorization shall be loaded into the Script Care network and the pharmacy shall receive a call indicating the prescription has been approved.

For further information regarding the Script Care Network please contact the VA Financial Services Center at 800-479-0523 or Script Care directly at 800-880-9988.

20. Facility Requirements for Infectious Disease Screening

The Medical Service Provider will ensure that there is adequate space and equipment to provide medical intake screening including tuberculosis (TB) screening within the intake processing area.

a) Tuberculosis Screening

The Medical Service Provider will perform TB screening as part of the routine intake screening, which must be completed within 12 hours of detainee admission. TB screening will include, at a minimum, TB symptom screening and testing for TB

infection and/or disease using any Food and Drug Administration (FDA) approved method. Detainees who have symptoms suggestive of TB disease will be immediately placed in an airborne infection isolation room and promptly evaluated for suspected TB disease. Detainees who are initially tested using a test for TB infection [TB skin test (TST) or interferon gamma release assay (IGRA)], and the results are positive according to criteria, but have no symptoms suggestive of TB disease, must be evaluated with a chest radiograph within 5 days of the notification of a positive result.

Detainees who are identified with confirmed or suspected active TB (e.g., symptoms or chest radiograph suggestive of TB) will be placed in a functional airborne infection isolation room and managed in accordance with the current PBNDS 2011 and all applicable CDC guidelines: http://www.cdc.gov/tb/publications/guidelines/default.htm. If there is no clinical or radiographic evidence suggestive of TB disease the detainee can be housed with the general population. Only a trained and qualified health care provider can perform chest radiography if the site has this capability, and only a credentialed radiologist can interpret these radiographs. The facility will have an alternative non-punitive process in place for detainees who refuse the TB screening assessment.

The Medical Service Provider will notify IHSC and the local health department of all detainees with confirmed or suspected TB disease, including detainees with clinical or radiographic evidence suggestive of TB. Notification shall occur within one working day of identifying a detainee with confirmed or suspected TB disease. Notification to local health departments shall identify the detainee as being in ICE custody and shall include the ICE detainee number and other identifying information. For detainees with confirmed or suspected TB disease, the Medical Service Provider will coordinate with IHSC and the local health department to facilitate release planning and referrals for continuity of care prior to release. The Medical Service Provider will evaluate detainees annually for symptoms consistent with TB within one year of the previously documented TB evaluation. For detainees initially screened with a TST or IGRA with a negative result, annual evaluation will include testing with the same method as previously used. For detainees initially evaluated with a chest radiograph interpreted as not suggestive of TB disease, routine annual chest radiograph is not recommended.

b) Radiology Service Provider

If the Medical Service Provider utilizes radiology for TB screening, the requirement should be built into the established bed day rate for this contract. The cost of equipment, maintenance, staff training, interpretation of the radiographs by credentialed radiologists, and the transmission of data to and from the detention facility will be charged directly to the facility.

21. Airborne Precautions

In order to prevent the spread of airborne infectious disease or cross contamination of zones within the facility, it is preferred that the HVAC system in the intake screening area be designed to exhaust to the exterior and prevent air exchange between the intake screening area and any other area within the facility (see CDC guidelines http://www.cdc.gov/tb/publications/guidelines/Correctional.htm

22. Language Access

The Medical Service Provider is responsible for providing meaningful access to all programs and services (e.g. medical, intake, classification, sexual assault reporting) for individuals with limited English proficiency. This should be accomplished for necessary communication with residents who do not speak or understand English through professional interpretation and translation or qualified bilingual personnel. Oral interpretation should be provided for residents who are illiterate. Only during emergencies, and even then, only for that period of time and until appropriate language services can be procured, can facility residents be used for interpretation or translation services. The Medical Service Provider should utilize commercial phone language interpretive services to ensure fulfillment of this requirement. Telephones that can be used for this purpose must be available in each classroom. In addition, deaf detainees or residents shall have access to a TTY telephone.

23. Standards of Medical Care

The Medical Service Provider is responsible for providing resources for evidence-based standards of medical care which can be used as a guide for treatment of most diagnosed health care concerns. See examples of resources below.

a) Asthma
IHSC Sample Clinical Practice Guidelines (Attachment 7)
b) Chemical dependence/ Intoxication/ Withdrawal
Federal Bureau of Prisons Clinical Practice Guideline: Detoxification of the Chemically Dependent Inmate. See IHSC Operations Memorandum 11-004 dated June 9, 2011 for reference.
http://www.bop.gov/resources/health_care_mngmt.jsp
c) Diabetes
Standards of Medical Care in Diabetes—2015 American Diabetes Association
http://care.diabetesjournals.org/content/38/Supplement_1
d) Epilepsy
American Epilepsy Society
https://www.aesnet.org/clinical_resource s/guidelines
e) Gender Dysphoria
IHSC Sample Clinical Practice Guidelines (Attachment 7)
f) Hepatitis A and B

Federal Bureau of Prisons Clinical Practice Guidelines for Hepatitis A, Hepatitis B and Cirrhosis.
http://www.bop.gov/resources/health_care_mngmt.jsp

g) Hepatitis C
IHSC Sample Clinical Practice Guidelines (Attachment 7)

h) HIV
NIH Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents
http://www.aidsinfo.nih.gov/guidelines

i) Hypertension
IHSC Sample Clinical Practice Guidelines (Attachment 7)

j) Lipids
2013 American College of Cardiology/American Heart Association Blood Cholesterol Guideline
2011 American Heart Association Scientific Statement: Triglycerides and Cardiovascular Disease
https://circ.ahajournals.org/content/123/20/2292.full.pdf

k) Sickle Cell Disease
IHSC Sample Clinical Practice Guidelines (Attachment 7)

l) Tuberculosis
Tuberculosis Management Control Guide for IHSC Medical Clinics
Centers for Disease Control and Prevention
http://www.cdc.gov/tb/publications/guidelines/default.htm

m) Depression
Federal Bureau of Prisons Clinical Practice Guideline: Management of Major Depressive Disorder
http://www.bop.gov/resources/health_care_mngmt.jsp

n) Schizophrenia
Federal Bureau of Prisons Clinical Practice Guideline: Pharmacological Management of Schizophrenia
http://www.bop.gov/resources/health_care_mngmt.jsp

24. Quality Assurance (QA) Program

The Medical Service Provider shall implement an internal review and quality assurance program for the purposes of maintaining operations in accordance with the current PBNDS 2011, NCCHC and/or ACA.

The minimum data inputs for trending, analysis, planning, executing, and assessing the effectiveness of QA- and quality improvement (QI)-related activities and corrective actions will derive from data collected by means of formal incident reports (see below) and the IHSC electronic Quality Medical Care (QMC) Audit tool (Attachment 8). IHSC encourages facilities to collect additional data unique to the facility and its environment for use in their QA program.

The Medical Service Provider must complete and forward to the designated IHSC FMC the QMC tool report and an analysis of incident reports (Attachment 9) on a quarterly basis on the 10th of the month following the end of each fiscal year quarter (1st quarter –Oct, Nov, Dec; 2nd quarter-Jan, Feb, Mar; 3rd quarter-Apr, May, Jun;4th quarter-Jul, Aug, Sept).

The clinical operation will be audited by IHSC every 6 months. This audit will be conducted by a designated IHSC Healthcare professional. In addition to the audit mentioned above the facility will be assessed for maintaining compliance with the NCCHC, ACA, and the current PBNDS 2011 requirements.

The QA program shall include:

a) Participation in a multidisciplinary QI committee;
b) Collection, trending analysis, and evaluation of data, along with planning, interventions and reassessments;
c) Analysis of the need for ongoing education and training;
d) On-site monitoring of health service outcomes on a regular basis through:

    1) Chart reviews (including investigation of complaints and quality of health)
    2) Review of practices for prescribing and administering medication;
    3) Investigation of complaints and grievances;
    4) Monitoring of corrective action plans;
    5) Reviewing all deaths, suicide attempts and illness outbreaks;
    6) Developing and implementing QI activities or corrective actions plans to address and resolve identified problems and concerns;
    7) Reevaluating problems or concerns to determine whether QI activities or corrective actions implemented achieved and sustained desired results;
    8) Incorporating findings of internal review activities into the organization's educational and training activities;
    9) Ensuring records of internal review activities comply with legal requirements on confidentiality of records.
    10) External peer review on an annual basis for all independently licensed medical professionals.

The Medical Service Provider will achieve full NCCHC (Adult) accreditation within twelve months of the contract award. The service provided will maintain accreditation compliance at all times for the life of the contract.

25. Environmental Health

The Medical Service Provider shall implement all requirements of the Environmental Health and Safety sections of the current PBNDS 2011 in the health services areas, to include all areas where medical, dental, mental health, and intake medical screening services are performed. The Medical Service Provider shall implement all general housekeeping and environmental cleaning and disinfection in all areas where medical,

dental, mental health, and intake medical screening services are rendered, including routine and terminal cleaning of medical housing and medical isolation units.

26. Electronic Health Record (eHR)

The Medical Service Provider will be responsible to purchase and maintain an ONC-CCHIT commercial-off-the-shelf (COTS) eHR that is compatible with ICE Health Service Corps (IHSC) within 30 days of contract award. The Medical Service Provider shall procure and maintain their data in a GSA FedRAMP certified environment. The Government will provide the Medical Service Provider with the Government Furnished Information document for the Electronic Health Record (eHR). The Requirements Traceable Matrix (RTM) document (Attachment 10) will provide the Medical Service Provider with requirements and configurations for the eHR. The Medical Service Provider shall replicate all eHR configurations at their own expense, if an alternative and compatible product is proposed.

E. Detainee Voluntary Work Program (if applicable)

The Contractor shall develop a detainee work program plan with the approval of the CO prior to receipt of the Notice to Proceed. Detainee labor shall be used in accordance with the approved detainee work plan and will shall be paid $1 day. The detainee work plan must be voluntary, and may include work assignments for industrial, maintenance, custodial, service, or other jobs. The detainee work program shall not conflict with any other requirements of the contract and must comply with all applicable laws and regulations.

Detainees shall not be used to perform the responsibilities or duties of an employee of the Contractor. Detainees shall not be used to perform work in areas where sensitive documents are maintained such as designated ICE workspace. Appropriate safety/protective clothing and equipment shall be provided to detainee workers. Detainees shall not be assigned work that is considered hazardous or dangerous. This includes, but is not limited to, areas or assignments requiring great heights, extreme temperatures, use of toxic substances, and unusual physical demands.

The Contractor shall supply sufficient Detention Officers to monitor and control detainee work details. Unless approved by the COR, these work details must be within the security perimeter.

It will be the sole responsibility of ICE to determine whether a detainee will be allowed to perform on voluntary work details and at what classification level. All detainees shall be searched when they are returned from work details.

VI. REQUIRED ADMINISTRATION AND MANAGEMENT SERVICES

A. Manage the Receiving and Discharge of Detainees

1. In accordance with PBNDS 2011, the Contractor will provide for the admitting and releasing of detainees to protect the health, safety, and welfare of each individual. During the admissions process, detainees undergo screening for medical purposes, have their files reviewed for classification purposes, submit to a standard body search, and are personally observed and certified regarding the examination, categorization, inventorying, and safeguarding of all personal belongings. This shall include fingerprinting of detainees.

   The Contractor shall provide a detainee classification system that adheres to the requirements of PBNDS 2011, Standard 2.2 "Custody Classification System," and ensures detainees are classified appropriately using objective criteria. Detainees will be classified upon arrival, before being admitted to the general detainee population. The Contractor will periodically re-classify detainees, in accordance with the PBNDS 2011.

   The Contractor may be required to access and utilize ICE detention booking system to properly book detainees in and out of ICE custody.

2. The Contractor shall effectuate departures. Effectuating departure requires Contractor employees to perform detainee-related activity including but not limited to: positive identification, documentation preparation and review, provision of any sack lunches required, transportation, escorting and returning all DHS documentation to the appropriate DHS supervisor upon completing the escort assignment. In addition, Contractor employees shall, when required by proper authority, affirm, swear, and witness to all actions of effectuating departure that were accomplished, performed, carried-out, and done and in transactions involving the detainee(s), when required in a legal setting, deposition, or court of law.

   The time, point, and manner of release from a facility shall be consistent with safety considerations and shall take into account special vulnerabilities. Facilities that are not within a reasonable walking distance of, or that are more than one mile from, public transportation shall transport detainees to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day. If public transportation is within walking distance of the detention facility, detainees shall be provided with an information sheet that gives directions to and describes the types of transportation services available. However, facilities must provide transportation for any detainee who is not reasonably able to walk to public transportation due to age, disability, illness, mental health or other vulnerability, or as a result of weather or other environmental conditions at the time of release that may endanger the or safety of the detainee. Upon release, detainees shall also be provided with a list of shelter services available in the immediate area along with directions to each shelter. Prior to their release, detainees shall be given the opportunity to make a free phone call to a friend or relative to arrange for pick up from the facility. As practicable, detainees shall be provided with a laundered set of their own clothing, or one set of non-institutional clothing and footwear, weather appropriate, for their final destination.

B. Manage and Account for Detainee Assets (Funds, Property)

The Contractor is solely responsible for all detainee personal property (i.e. stolen/misplaced goods due to Contractor negligence and/or mishandling of detainee personal property). The Contractor shall provide written policies and procedures in managing the detainee's personal property.

The safeguarding of detainees' personal property will include: the secure storage and return of funds, valuables, baggage, and other personal property; a procedure for documentation and receipting of surrendered property; and the initial and regularly scheduled inventories of all funds, valuables, and other property. In accordance with the PBNDS 2011, every housing area shall include a designated storage area. This area shall contain a lockable or other securable space for storing detainees' authorized personal property.

Written procedures shall be established for returning funds, valuables, and personal property to a detainee being transferred or released that adheres to the requirements of ICE policy. The Contractor shall ensure that all detainees who are scheduled for either transfer or release are given all funds (in cash or check, whichever is deemed appropriate by the ICE COR or ICE designee immediately prior to leaving the facility. Confiscated foreign currency funds are to be returned to the detainee. This includes the out-processing of detainees on all removal flights. For such removal flights, the Contractor will provide all necessary items for removal processing.

C. Securely Operate the Facility

Policy and procedures for the maintenance and security of keys and locking mechanisms shall be developed, in accordance with the PBNDS 2011, 2.7 Key and Lock Control. The procedures shall include, but are not limited to: method of inspection to expose compromised locks or locking mechanisms; method of replacement for all damaged keys and/or locks; a preventive maintenance schedule for servicing locks and locking mechanisms and method of logging all work performed on locks and locking mechanisms; policy for restricting security keys from 24 hour issue or removal from the institution; and method of issuing emergency keys.

Staff responsible for lock maintenance shall receive training and be certified from a Government-approved training program specializing in the operation of locks and locking mechanisms.

The Contractor shall provide constant armed perimeter surveillance of the facility.

D. Establish and Maintain a Program for the Prevention of Sexual Abuse/Assault

The Contractor shall develop and implement a comprehensive sexual abuse/assault prevention and intervention program in accordance with PBNDS 2011, Standard 2.11, "Sexual Abuse and Assault Prevention and Intervention," and all facility requirements of DHS PREA ("Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in

Confinement Facilities," 79 Fed. Reg. 13100 (Mar. 7, 2014), as outlined https://www.govinfo.gov/content/pkg/FR-2014-03-07/pdf/2014-04675.pdf. This program shall include training and/or information that is given separately to both staff and detainees.

E. Collect and Disseminate Intelligence Information

Policy and procedures for collecting, analyzing, and disseminating intelligence information regarding issues affecting safety, security, and the orderly running of the facility shall be developed. This information shall include, but not be limited to: gang affiliations; domestic terrorist groups; tracking of detainees having advanced skills in areas of concern (locksmiths, gunsmiths, explosives, and computers, etc.); narcotics trafficking; mail and correspondences; detainee financial information; detainee telephone calls; visiting room activity; and actions of high-profile detainees. The Contractor shall share all intelligence information with the Government.

F. ICE Notifications

The Contractor shall immediately report all serious incidents as outlined in the detention standards to the Field Office Director or ICE designee and the COR. Serious incidents include, but are not limited to the following: activation of disturbance control team(s); disturbances (including gang activities, group demonstrations, food boycotts, work strikes, work place violence, civil disturbances/protests); staff uses of force including use of lethal and less-lethal force (includes detainees in restraints more than eight hours); assaults on staff/detainees resulting in injuries that require medical attention (does not include routine medical evaluation after the incident); fires; fights resulting in injuries requiring medical attention; full or partial lock-down of the facility; escape; weapons discharge; suicide attempts; deaths; declared or non-declared hunger strikes; adverse incidents that attract unusual interest or significant publicity; adverse weather; fence damage; power outages; bomb threats; high profile detainee cases admitted to a hospital; significant environmental problems that impact the facility operations; transportation accidents (e.g., airlift, bus) resulting in injuries, death or property damage; and sexual assaults.

Pursuant to ICE instructions, the Contractor shall counteract civil disturbances, attempts to commit espionage or sabotage, and other acts that adversely affect the normal site conditions, the security and safety of personnel, property, detainees, and the general public.

The Contractor will complete all notifications to ICE/ERO as outlined in the PBNDS 2011.

G. Maintain Institutional Emergency Readiness

The Contractor shall submit an institutional emergency plan that will be operational prior to issuance of the NTP, in accordance with PBNDS 2011, Standard 1.1 Emergency Plans. The plan shall receive the concurrence of the COR prior to implementation and shall not be modified without the further written concurrence of the CO.

The Contractor shall have written agreements with appropriate state and local authorities that will allow the Contractor to make requests for assistance in the event of any emergency incident that would adversely affect the community.

Any decision by ICE or other federal agencies to provide and/or direct emergency assistance will be at the discretion of the Government. The Contractor shall reimburse the Government for any and all expenses incurred in providing such assistance.

The Contractor shall submit to the COR a proposed inventory of intervention equipment (e.g., weapons, munitions, chemical agents) intended for use during performance of this contract. The COR, prior to issuance of the NTP, shall provide concurrence of the intervention equipment. The approved intervention equipment inventory shall not be modified without prior written concurrence of the CO.

The Contractor shall obtain the appropriate authority from state or local law enforcement agencies to use force as necessary to maintain the security of the facility. The use of force by the Contractor shall at all times be consistent with all applicable policies of PBNDS 2011, Standard 2.15 Use of Force and Restraints.

H. Manage Computer Equipment and Services in Accordance with all Operational Security Requirements

The Contractor shall comply with all federal security and privacy laws and regulations established to protect federal systems and data. The Contractor shall inform all personnel of the confidential nature of ICE detainee information.

The Contractor shall restrict access to data information pertaining to ICE detainees to authorized employees with the appropriate clearance who require this information in the course of their official duties.

The Contractor may not disclose information pertaining to ICE detainees to a third party without written permission from the COR.

The Contractor shall develop a procedural system to identify and record unauthorized access or attempts to access ICE detainee information. The Contractor shall notify the COR or ICE-designee within four hours of a security incident.

I. Manage and Maintain a Commissary

A commissary shall be operated by the Contractor as a privilege to detainees who will have the opportunity to purchase from the commissary at least once per week. These items will not include those items prohibited by the Warden/Facility Director. All items available at the commissary must be approved by the COR or ICE-designee. The commissary inventory shall be provided to the COR upon request. Notice of any price increases must be provided to the COR. The Contractor may assess sales tax to the price of items, if state sales tax is applicable.

Revenues shall be maintained in the facility commissary account and not commingled with any other funds. If funds are placed in an interest-bearing account, the interest earned shall be credited to the detainees. Any expenditure of funds from the account shall only be made with the approval of the Contracting Officer. Any revenues earned in excess of those needed for commissary operations shall be used solely to benefit detainees at the facility. Using these funds for any expense for which the Contractor is required to pay is prohibited. The Contractor shall provide independent auditor certification of the funds to the COR every 90 days.

At the end of the contract period, or as directed by the Contracting Officer, a check for any profits remaining in this account associated with detainee commissary purchases shall be made payable to the Treasury General Trust Fund and given/transmitted to the Contracting Officer.

Detainees are permitted to receive funds from outside sources (i.e., from family, friends, bank accounts). Outside funds or those generated from work may be used to pay for products and services from the commissary.

J. Manage and Maintain a Detainee Telephone System (DTS)

1. The Contractor shall provide detainees with reasonable and equitable access to telephones as specified in PBNDS 2011, Standard 5.6 Telephone Access. Telephones shall be located in an area that provides for a reasonable degree of privacy and a minimal amount of environmental noise during phone calls.

2. If authorized to do so under applicable law, the Contractor shall monitor and record detainee conversations. If detainee telephone conversations can be monitored under applicable law, the Contractor shall provide notice to detainees of the potential for monitoring. However, the Contractor shall also provide procedures at the facility for detainees to be able to place unmonitored telephone calls to their attorneys.

3. Telephone rates shall not exceed the Federal Communications Commission (FCC) rates for inmate telephone service, as well as State established rates where applicable, and shall conform to all applicable federal, state, and local telephone regulations.

4. Video phones, portable electronics or other enhanced telecommunications features provided by the DTS Contractor to ICE detainees, based upon concurrence between ICE and the Contractor, may be added in the future subject to negotiation at no cost to ICE. These features may not in any way compromise the safety and security of the detainees, staff or the facility. Any new or enhanced telecommunications features must be integrated within the DTS service and can NOT be a separate system or software from the DTS service. Such capabilities may now or in the future include; video visitation, limited web access for law library, email, kites, commissary ordering, educational tools, news, sports, and video games. Pricing for the use of these technologies will be set by the

DTS provider, subject to negotiations with ICE, and shall be negotiated at a future time and date if required.

5. The ICE designated DTS Contractor shall be the exclusive provider of detainee telephones for this facility. This will occur at the expiration of any current contract with a Telecommunications Company. Notwithstanding any existing Telecommunications contract, the Contractor shall require the Telecommunications Company to provide connectivity to the DTS Contractor for detainee pro bono telephone calls. The Contractor shall make all arrangements with the DTS Contractor per the DTS Contract. The DTS Contractor shall be allowed to install vending debit machines and shall receive 100 percent of all revenues collected by sale of prepaid debit services. The DTS Contractor shall be responsible for furnishing all inventory and supply of all DTS calling services to the Contractor. The DTS Contractor shall be responsible for the costs incurred for installation of the equipment, any monthly telephone charges incurred from the operation of DTS, and the maintenance and operation of the system. The Contractor shall not be entitled to any commissions, fees, or revenues generated by the use of the DTS or the detainee telephones.

   See PWS Addendums for specific requirements.

VII. FACILITY SECURITY AND CONTROL

A. Security and Control (General)

The Contractor shall maintain a copy of facility post orders for employee review within the areas of assignment, and shall initiate responses to any incidents as outlined in the post orders. Contractor employees shall write reports of incidents as outlined in the post orders.

The Contractor shall operate and control all designated points of access and egress on the site; such as, detainee housing units, pods, barracks, courtrooms, medical facilities, and hold rooms. The Contractor shall inspect all packages carried in or out of site in accordance with ICE procedures. The Contractor shall comply with ICE security plans.

The Contractor shall comply with all of the PBNDS 2011 pertaining to the security and control of the detention facilities. The Contractor shall adhere to local operating procedures within each facility.

The Contractor shall provide, install, and maintain a building access control system in all ICE and/or DOJ administrative space. The Contractor shall provide the Government administrative access and oversight role for system. The Contractor shall comply with ICE security plans.

B. Detainee Rights

The Contractor shall supervise, observe, and protect detainees from sexual abuse, discrimination, corporal punishment, personal injury, property damage, harassment, or violation of detainees' civil rights. Contract personnel shall have a zero-tolerance policy for

incidents of sexual abuse or assault that may occur in the facility. Contract personnel shall adhere to ICE policies, procedures, and detention standards.

Detainees have the right to be free from discrimination for any reason, including race, religion, national origin, sex, sexual orientation, gender identity, physical ability, mental ability, or political beliefs.

C. Unauthorized Access

The Contractor shall detect and detain persons attempting to gain unauthorized access to the site(s) identified in this contract.

D. Direct Supervision of Detainees

The Contractor shall provide supervision of all detainees in all areas, including supervision in detainee housing and activity areas, to permit Detention Officers to hear and respond promptly to emergencies. The Contractor shall have direct supervision monitoring each occupied housing unit. This direct supervision position or positions (determined by the size of the housing unit) is separate from the housing control post.

The Contractor shall comply with the requirements applicable to detention facilities contained in Subpart A of DHS PREA, specifically §115.13, including the development of detainee supervision guidelines that are reviewed annually, as outlined at https://www.govinfo.gov/content/pkg/FR-2014-03-07/pdf/2014-04675.pdf.

E. Maintain a Video Surveillance Program

The Contractor shall ensure video surveillance of hallways, exits, and common areas. Additionally, surveillance systems shall be installed and updated in accordance with DHS PREA §115.18(b). A qualified individual shall be responsible for monitoring this system inside and outside the building. Considering that the videos will be recordings of residents who may be seeking asylum or other considerations under U.S. immigration law, the Contractor is required to maintain the recordings and may not release them to anyone, unless approved by ICE. The Contractor shall retain recordings for a minimum of 90 days, or for the duration of any investigation as necessary for use by local law enforcement, ICE, or the Contractor

F. Log Books

The Contractor shall be responsible for completion and documentation of, for each shift, the following information in the logbooks:

1. Activities that have an impact on the detainee population (e.g., detainee counts, shakedowns, detainee movement in and out of the site, and escorts to and from court).
2. Shift activities (e.g., security checks, meals, recreation, religious services, property lockers, medical visits).

3. Entry and exit of vehicles and persons other than detainees, ICE staff, or Contractor staff (e.g., attorneys and other visitors).
4. Fire drills and unusual occurrences.

G. Reports

The Contractor shall furnish, on a daily basis, a manifest of all detainees currently detained in the facility. The manifest shall contain the following information for each detainee: "A" File Number (system of numbering supplied by ICE); office received from; name; date of birth; gender; nationality; date of arrival; number of days the detainee has been in the facility; and type of release, if applicable. The manifest shall be transmitted in a Microsoft Excel format. Contractor shall conduct a daily reconciliation of ICE detention manifest and the Contractor manifest to ensure accuracy. Any discrepancies in the reports shall be the responsibility of the Contractor to immediately rectify and brought to the attention of ICE.

The Contractor shall provide monthly status reports to the COR or ICE designee. Such reports shall include a monthly key indicator report, which indicates the key personnel positions of the facility (e.g., position title, name of the employee, vacancies and length of vacancies, dates of service, additional comments). These monthly reports shall be submitted to the COR or ICE designee by the fifth of each month for the previous month's activities and staffing.

The Contractor shall prepare required orders, instructions, and reports of accidents, security violations, fires, and bomb threats. The reports shall be maintained on file, concerning all activities in connection with duties and responsibilities for the services performed under this contract. All such records shall be kept using a system with a written policy, which allows the reports to be made available to the Government for inspection.

The Contractor shall, at the request of ICE, prepare any special or other reports, or issue further orders and instruction as may be required in support of work within the scope of this contract. The distribution, format, and time elements for these reports shall be directed by Government requirements.

H. Detainee Counts

The Contractor shall monitor detainee movement and physically count detainees as directed in PBNDS 2011 2.8 Population Counts.

I. Daily Inspections

The Detention Officers shall conduct daily inspections of all security aspects of the site, consistent with PBNDS 2011, Standard 2.4 "Facility Security and Control." They shall check all bars, locks, windows, walls, floors, ventilation covers, glass panels, access plates, protective screens, doors, lights, and equipment for operational wear and detainee tampering. The Detention Officers shall also report slippery floor surfaces. This documentation shall be

made daily in a logbook. Problems discovered during these inspections shall be clearly identified in the documentation.

The Contractor shall also notify the COR of any abnormalities or problems. The Contractor shall immediately notify the COR or ICE designee on duty of any physical facility damage. Written documentation of any problem areas shall be submitted to the COR by the end of the shift.

J. Deviation from Prescribed Schedule Assignments

The Contractor is authorized to deviate from the scheduled assignment when unusual conditions or circumstances so demand, and if prior approval is received from the COR. All deviations shall be recorded in the daily logbook. When the COR is not available, the Contractor shall notify the ICE-designee immediately or as soon as is practically possible.

K. Use of Force and Restraints

ICE restricts the use of physical force and restraints by Detention Officers. Any use of force or restraints must be in compliance with PBNDS 2011, Standard 2.15 “Use of Use of Force and Restraints.”

L. Escapes

The Contractor shall take all appropriate measures to prevent escapes. The Contractor shall notify the COR or ICE-designee immediately if an escape or an attempted escape has occurred. The Contractor shall provide the COR and ICE-designee with a written report prior to the end of the shift. The Contractor shall be held to the following standards concerning escapes:

1. The Contractor assumes absolute liability for the escape of any detainee in its control.
2. The Contractor shall provide written policies and procedures regarding the actions to be taken in the event of an escape. This document must include reporting requirements for all contract employees, escorts, supervisors, and management personnel. These procedures shall meet the approval of the COR, be reviewed at least annually, and updated as necessary.
3. Escapes shall be grounds for removing the responsible Contractor Employee(s) from duty if the Contractor Employee(s) is/are determined by the Contractor or the COR to be negligent, reckless, or intentionally responsible for the escape. Notice of removal shall be provided to the Contracting Officer.
4. Corrective actions to prevent future escapes or attempted escapes shall be taken immediately and communicated to the COR for approval. A written report of the remedial action shall be due to the COR within 24 hours of an escape or attempted escape.
5. An escape is deemed an egregious incident and subject to an expedited processing of a Contract Discrepancy Report resulting in a deduction or withholding for any applicable standards violations.

M. Evacuation Plan

The Contractor shall furnish 24-hour emergency evacuation procedures. The Contractor shall develop a written evacuation and alternate staging plan for use in the event of a fire or major emergency, in accordance with PBNDS 2011, Standard 1.1 “Emergency Plans.”

N. Sanitation and Hygienic Living Conditions

The Contractor shall comply with the requirements of the Occupational Safety and Health Act of 1970 and all codes and regulations associated with 29 CFR 1910 and 1926. The Contractor shall comply with all applicable ICE, federal, state and local laws, statutes, regulations, and codes. In the event there is more than one reference to a safety, health, or environment requirement in an applicable, law, standard, code, regulation, or ICE policy, the most stringent requirement shall apply.

O. Physical Plant

The facility operation and maintenance shall ensure that detainees are housed in a safe, secure, and humane manner. All equipment, supplies, and services shall be Contractor-furnished and in operating condition, except as otherwise noted.

The facility, whether new construction, expansion, or an existing physical plant, shall be operated, and maintained in accordance with all applicable federal, state, and local laws, regulations, codes, guidelines, and policies. In the event of a conflict between federal, state, or local codes, regulations, or requirements, the most stringent shall apply. In the event there is more than one reference to a safety, health, or environmental requirement in an applicable law, standard, code, regulation, or Government policy, the most stringent requirement shall apply.

The facility shall provide housing configurations commensurate with the security needs of the population.

The facility, whether new construction, expansion, or existing physical plant, shall comply with the building codes under which it was permitted at the time of original construction. Whether the facility is new construction, or an expansion of an existing physical plant fire protection and life safety issues shall be governed by the building and life safety codes under which the facility was permitted at the time of original construction.

The facility, whether new construction, expansion, or existing physical plant, shall comply with the requirements in effect at the time of the original facility construction of the *Architectural Barriers Act of 1968* as amended and the *Rehabilitation Act of 1973* as amended. The standards for facility accessibility by physically handicapped persons as set forth in “Uniform Federal Accessibility Standards/Fed Std. - 795 4/01/88 Edition” (UFAS) shall apply. All areas of the buildings and site shall meet these requirements.

A safety program shall be maintained in compliance with all applicable Federal, state and local laws, statutes, regulations, and codes. The Contractor shall comply with the requirements of the *Occupational Safety and Health Act of 1970* and all codes and regulations associated with 29 CFR 1910 and 1926.

Fire Alarm Systems and Equipment – All fire detection, communication, alarm, annunciation, suppression, and related equipment shall be operated, inspected, maintained, and tested in accordance with the edition of the applicable NEC and Life Safety Codes under which the facility was permitted at the time of original construction.

The Contractor shall provide outside lighting sufficient to illuminate the entire facility and secure perimeter, subject to ICE's visual inspection and approval.

For new construction, expansion, or existing physical plant, final and completed, the Contractor prior to issuance of the NTP shall submit design/construction documents to the COR. For all new construction or expansion, the construction schedule shall be updated to reflect current progress and submitted to the COR on a monthly basis. Government staff will make periodic visits during construction to verify Contractor progress and compliance with contract requirements. As-built drawings and current drawings of the buildings and site utilities shall be maintained in a secure location during construction and contract performance. These updates shall be provided to the COR within 30 days of any changes made. Site utilities include, but are not limited to: water and sewer lines; gas lines; tunnels; steam lines; chilled water lines; recording layouts; elevations; modifications; additions; etc. Two copies of the as-built drawings shall be provided to the COR in AUTOCAD release 14.0 on a CD-ROM no later than 90 days after issuance of the NTP.

Promptly after the occurrence of any physical damage to the facility (including disturbances), the Contractor shall report such damage to the COR or ICE designated official. It shall be the responsibility of the Contractor to repair such damage, to rebuild or restore the institution.

Government staff will be on-site to monitor contract performance and manage other Government interests associated with operation of the facility. Government staff will have full access to all areas of the facility. Contractor access to Government required space must be pre-approved by the COR. In cases of emergency the Contractor shall notify the COR promptly.

P. Environmental Policy Procedures:

1. National Environmental Policy Act (NEPA)

   Any action funded in whole or in part by a Federal Agency, or requiring approval by a Federal Agency, must be evaluated in accordance with NEPA (42 U.S.C. § 4321) and related environmental laws and executive orders. Therefore, ICE requires the following deliverables from an offeror so that ICE may use the provided information to fulfill its obligations related to NEPA:

a) The offeror must provide an Environmental Impact Evaluation, which shall include all necessary information for the agency to analyze the potential for environmental impact of a proposed action, assign a value to the level of impact (e.g., minor, moderate, or major), consider mitigation, and determine the level of significance; whether significant or not. An environmental impact evaluation is used by ICE to make a decision regarding the application of a CATEX, documentation in the form of an EA and FONSI, or a final EIS and ROD.

b) ICE advises all offerors that, as part of the solicitation process, the offeror must provide information related to the environmental conditions of the proposed facility location(s). The offeror must provide a Phase I ESA conducted and reported in compliance with the ASTM International (ASTM) Designation E 1527-13, "Standard Practice for Environmental Site Assessment: Phase I Environmental Site Assessment Process." For more information on how this report will figure into any evaluation for award, reference Section L and M of this solicitation.

2. Other Requirements

The successful awardee of any contract for detention space will remain in compliance with federal statutes during performance of the contract including, but not limited to, the following Acts: *Clean Air, Clean Water, Endangered Species, Resource Conservation and Recovery*; and other applicable laws, regulations and requirements. The successful awardee of any contract for detention space will also comply with all applicable limitations and mitigation measures identified in any document prepared in conjunction with the contract pursuant to NEPA.

The successful awardee of any contract for detention space shall be responsible for and will indemnify and hold the Government harmless for any and all spills, releases, emissions, disposal, and discharges of any toxic or hazardous substance, any pollutant, or any waste, whether sudden or gradual, caused by or arising under the performance of the contract or any substance, material, equipment, or facility utilized. For the purposes of any environmental statute or regulation, the successful awardee will be considered the "owner and operator" for any facility utilized in the performance of the contract and shall indemnify and hold the Government harmless for the failure to adhere to any applicable law or regulation established to protect the human or physical environment. The successful awardee shall be responsible in the same manner as above regardless of whether activities leading to or causing a spill, release, emission or discharge are performed by the successful awardee, its agent or designee, a detainee, visitors, or any third party.

If any spills or releases of any toxic or hazardous substance, any pollutant, or any waste into the environment occur, the successful awardee of any contract for detention space will immediately report the incident to the Contracting Officer's Representative (COR), or other ICE-designated

official as set out in the contract. The liability for any spill or release of such regulated substances rests solely with the successful awardee and its agent.

VIII. FOOD SERVICE

Manage Food Service Program in a Safe and Sanitary Environment

The Contractor shall provide detainees with nutritious, adequately varied meals, prepared in a sanitary manner while identifying, developing, and managing resources to meet the operational needs of the food service program.

The Contractor shall provide a sack meal for detainees in custody and those who are absent during any meal or planning for departure, or meals for detainees on certain travel routes (upon order by the ICE COR or ICE designee). Further, the Contractor shall provide detainee sack meals as requested by ICE staff. The contents of the sack meals must be approved by COR or ICE designee.

At the COR's request, the Contractor shall provide sack meals for detainees in ICE custody, but not yet on the Contractor's premises.

The Contractor shall identify, develop, and manage food service program policy, procedures, and practices in accordance with PBNDS 2011, Standard 4.1 "Food Service."

All food service preparation resources (appliances, freezers, food preparation tables, coolers) must be in operating condition. Additionally, the Contractor's kitchen will be in operating condition at the commencement of the contract.

IX. PROPERTY ACCOUNTABILITY

A. General

The Contractor personnel shall not permit any Government property to be taken away or removed from the premises.

The Contractor shall enact practices to safeguard and protect Government property against abuse, loss, or any other such incidents. Government property shall be used only for official business.

All Government property furnished under this contract shall remain property of the Government throughout the contract term. ICE shall maintain a written inventory of all Government property issued to the Contractor for performance hereunder. Upon expiration or termination of this contract, the Contractor shall render a written accounting to the COR of all such property. The Contractor shall assume all risk, and shall be responsible for any

damage to or loss of Government furnished property used by Contractor employees. Normal wear and tear will be allowed.

The Contractor, upon expiration or termination of services, shall immediately transfer to the COR, any and all Government property in its possession or in the possession of any individuals or organizations under its control, except as otherwise provided for in this contract. The Contractor shall cooperate fully in transferring property to the successor Contractor. The Government shall withhold final payment until adjustments are made for any lost property.

B. Use of Government Wireless Communication Devices

All personnel that have been issued a Federal Government owned wireless communication device, including but not limited to, cellular telephones, pagers or wireless Internet devices, are authorized to possess and use those items in all areas of the facility in which ICE detainees are present. Cellular, telephone, and wireless boosters shall be provided, installed, and maintained by the Contractor to ensure optimal service throughout the facility and ICE and/or DOJ administrative areas.

X. FIREARMS / BODY ARMOR

A. Firearms Requirements

The Contractor shall provide well maintained or new firearms and maintain sufficient licensed firearms and ammunition to equip each armed Detention Officer and armed supervisor(s) with a licensed weapon while on duty. Firearms may be re-issued to replacement employees throughout the life of the contract as long as the firearm is in serviceable condition. See ICE Firearms Policy Attachment 11.

Personal firearms shall not be used. A licensed gunsmith, in writing, shall certify all firearms safe and accurate.

Firearms shall be standard police service-type, semi-automatic capable of firing hollow-point ammunition that meets the recommendations of the firearms manufacturer. Ammunition will be factory load only – no reloads. The Contractor shall adhere to the manufacturer's specifications regarding ammunition retention, e.g., ammunition shall be properly rotated and older ammunition utilized prior to utilization of newer ammunition.

The Contractor shall provide sufficient ammunition for each armed Detention Officer, including uniformed contract supervisor(s); they shall be issued three full magazines.

The Contractor shall account for all firearms and ammunition daily.
If any weapons or ammunition are missing from the inventory, the COR shall be notified immediately.

All firearms shall be licensed by the State.

Firearms shall be inspected. This shall be documented by the Warden/Facility Director.

Loading, unloading, and cleaning of the firearms shall only take place in designated areas.

The firearms shall be cleaned and oiled as appropriate to ensure optimum operating conditions.

Firearms shall be carried with the safety on, if applicable, with a round in the chamber.

The Contractor shall maintain appropriate and ample supplies of firearms' upkeep and maintenance equipment (cleaning solvents, lubricating oil, rods, brushes, patches, and other normal maintenance tools).

The Contractor shall provide a complete listing of licensed firearms by serial numbers and by each safe location to the COR prior to beginning performance under this contract.

These lists shall be kept current through the terms of the contract and posted within each firearm's safe.

The Contractor shall obtain and maintain on file appropriate State and municipality permits and weapons permits for each officer.

A copy of this permit shall be provided to the COR at least three working days prior to the anticipated assignment date of any individual.

The Contractor shall ensure that its employees have all permits and licenses in their possession at all times while in performance of this contract.

The Contractor shall provide safes/vaults for storage of firearms and ammunition, for each location where firearms are issued or exchanged, which meet agency requirements and are approved for the storage of firearms and ammunition.

The COR is responsible for receiving the proposed safes/vaults prior to usage and vetting them through the appropriate ICE officials. Contract supervisors and guards shall make accurate receipt and return entries on a Firearms and Equipment Control Register.

Except when issuing or returning ammunition or firearms, each safe/vault shall remain locked at all times.

The Contractor shall be responsible for having the combination of each safe/vault changed at least once every six months, or more often if circumstances warrant.

The Contractor shall certify firearms training to the COR.

The Contractor shall certify proficiency in accordance with State requirements.

The Contractor shall provide an ICE approved intermediate weapon(s).

The Contractor shall assign one or more contractor staff to the positions of:

1. Ammunition Control Officer, and
2. Firearms Control Officer, per PBNDS 2011.

B. Body Armor Requirements

The Contractor shall provide body armor to all armed Detention Officers and armed supervisor(s). Body armor shall be worn while on armed duty. The body armor shall meet all requirements as set forth in the ICE Body Armor Policy. See ICE Body Armor Policy, Attachment 12.

The Contractor shall procure replacement body armor if the body armor becomes unserviceable, ill-fitting, worn/damaged, or at the expiration of service life.

All armed Detention Officers and armed supervisors need to be made aware of the health risks associated with the wearing of body armor in high heat/high humidity conditions and/or during strenuous exertion. When Detention Officers and supervisors are required to wear body armor, they shall be provided opportunities to re-hydrate and remove the body armor as necessary.

The use of personally-owned body armor is not authorized.

XI. TRANSITION

A. Transition-In

The Contractor shall be responsible for the transition of all activities identified in this PWS. The Contractor's transition-in shall be accomplished as expeditiously as possible, with a maximum transition-in period of 60 days after contract award. The transition-in process shall not adversely impact the work being done by the outgoing Contractor. It shall be conducted in a manner consistent with safe operation requirements. The Contractor shall submit a final Transition-in Plan for approval by the Contracting Officer's Representative (COR) within two (2) weeks after award reflecting input from the COR as well as all necessary activities to facilitate the transition of services to the Contractor and expected completion dates of those activities. All activities must be completed during transition periods. The Transition-In Plan shall address, at a minimum, the following areas:

- Inventory and orderly transfer of all Government Furnished Equipment and Property (GFE/GFP);
- Transfer of documentation;
- Transfer of current project activities;
- Workplace logistics and staffing plan: Identification of the key personnel transition team members by name, position, EOD, clearance, start date, and responsibilities;

- Coordination of knowledge transfer sessions with the incumbent Contractor;
- Favorable EOD for all Contractor staff from the ICE Personnel Security Unit (PSU);
- Coordination of transition with COR;
- Any additional information required by other clauses contained in this contract.

The Transition-in Plan shall be approved by the COR and describe the Contractor's process for transitioning from the incumbent with no disruption in operational services.

B. Transition-Out

The Contractor shall be responsible for the transition-out of all technical activities identified in this PWS during the final, awarded period of performance. The Contractor shall submit the Transition-out Plan two (2) months prior to the completion of the period of performance of this contract. The Contractor's Transition-out Plan shall be approved by the COR. The Contractor shall complete the transition by the end of the period of performance of this Task Order. The Transition-Out Plan shall address, at a minimum, the following areas:

- Inventory and orderly transfer of all GFE/GFP
- Briefing on all in-progress and committed items.
- Any additional information required by other clauses contained in this contract.

The Contractor shall fully support the transition of all requirements to any successor to ensure no disruption in operational services.

ATTACHMENT 20

SECTION D:
PACKAGING & MARKING

[THIS SECTION IS INTENTIONALLY LEFT BLANK]

[END OF SECTION D]

SECTION E:
INSPECTION AND ACCEPTANCE

E.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)

This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text can be accessed electronically at this internet address:
https://www.acquisition.gov/browse/index/far

Clause Number	Clause Title	Date
52.246-4	Inspection of Services – Fixed Price	Aug 1996
52.246-6	Inspection of Services – Time and Material and Labor Hour	May 2001

E.2 INSPECTION REQUIREMENTS

Review of Deliverables ---

a. The COR will provide written acceptance, comments and/or change requests, if any, within thirty (30) business days from receipt by the Government of the initial deliverable.

b. Upon receipt of the Government comments, the Contractor shall have fifteen (15) business days to incorporate the Government's comments and/or change requests and to resubmit the deliverable in its final form.

c. If written acceptance, comments and/or change requests are not issued by the Government within thirty (30) calendar days of submission, the draft deliverable shall be deemed acceptable as written and the Contractor may proceed with the submission of the final deliverable product. The Contractor shall provide all deliverables to the COR in Microsoft Excel, PowerPoint or Word format.

E.3 DELIVERABLES CHART

#	Deliverable	Due Date
1	Quality Control Plan	With Proposal Submission; Updated as Needed
2	Plans, Policy and Procedures Manual	Plans, Policy, Procedures Manual: 5 days after award
3	Standard Operating Procedures	Within 30 calendar days of award of contract
4	Post Orders	Within 30 calendar days of award of contract, annually and as requested by the COR.
5	Communication Plan	With Proposal Submission; Updated as Needed
6	Resumes of Key Personnel	Submitted within 5 days after award. For all new candidates, prior to Entry on Duty (EOD)
7	Organizational Chart	Within 30 calendar days of award of contract and after that anytime as requested by the COR.
8	Staffing Plan	With Proposal Submission and after that anytime as requested by the COR.
9	Documentation of employee receipt of ICE Operations Policy/Procedure Manual	As requested by COR
10	Contractor employee certification for standards of conduct	As requested by COR

11	Contractor employee violation of standards of conduct and disciplinary action	Reported immediately* to COR
12	Notification of change in employee's health status	Notification immediately to COR (immediate verbal report, with written follow-up)
13	Employee termination, transfer, suspension, personnel action relating to disqualifying information or incidents of delinquency	Notification immediately to COR (immediate verbal report, with written follow-up)
14	Report of any on contract employee misconduct	Notification immediately to COR (immediate verbal report, with written follow-up)
15	e-QIP Security Process	Prior to Entry on Duty (EOD)
16	Physical Force Incident Reports	Reported to COR immediately (immediate verbal report, with written report within two (2) hours of incident)
17	Report of escapes	Reported to COR immediately (immediate verbal report, with written report within two (2) hours of incident)
18	Physical harm or threat to safety, health or welfare	Reported to COR immediately (immediate verbal report, with written report within 24 hours of incident)
19	Drug Test Results	Upon EOD and as requested by COR, or reported immediately to COR upon found violation
20	Emergency Call Back Roster	Quarterly or as needed
21	Finalized Training Plan, with Curriculum	Within 30 calendar days of contract award
22	Quarterly Training Forecast	Quarterly

23	Training certification and reports for formal and on the job training (including Supervisors and refresher)	As requested by COR
24	Daily Time Sheet	As requested by COR
25	Emergency Action Plan to include Auxiliary Power procedures	No Later than the post award conference
26	Sexual Assault & Suicide Prevention Program	No later than the post award conference
27	Firearms Training Certificates	Annually
28	Employee Weapon Permit	To COR 3 days prior to EOD, and then after as requested by COR
29	Notification of employee criminal activity	Reported immediately to COR and appropriate law enforcement agency.
30	Officer Testing Questions and Results	Post award, as needed by the COR
31	Key, Tool Cabinet Inventory Class A and Class B Log	At the beginning of day and end of each shift
32	Equipment Inventory	Within 30 calendar days after award of contract, then annually or as requested by COR
33	Intervention Equipment Inventory	Within 30 calendar days after award of contract, then annually or as requested by COR
34	Regular Tool Control Log	Monthly
35	Detainee Volunteer Work Screening Form (Request Form)	As required

36	Detainee Volunteer Work Program Training Form	As required
37	ACA Accreditation	Within 18 months of contract award
38	Proposed daily transportation routes	Within 30 calendar days of contract award
39	Safety Devices/Equipment Training Plan	Quarterly
40	Chemical Perpetual Inventory Sheet	As requested by COR
41	Compliance and Independent Audit Report	Annually
42	Key Indicators Report	Monthly, by 5th of each month for previous month's data
43	General Supply/Inventory Plan	Within 30 calendar days after award of contract, then annually or as requested by COR
44	Commissary Inventory List	As requested by COR
45	Statement of Detainee Funds Accounts	As requested by COR
46	IT Security Plan	Within 30 calendar days after award of contract
47	Finalized List of Approved Food Vendors	Within 30 calendar days after award of contract and upon any changes thereafter
48	Prime Vendor/Food Service Expenditures	As requested by COR
49	Employee Meal Ticket Sales Report	As requested by COR
50	Number of Meals Served/Daily Meal Count	Quarterly or as requested by COR

Section E

51	Detainee Records	Continuous
52	Detainee Death	Reported immediately to COR (immediate verbal report, with written report within two (2) hours of incident)
53	Detainee Departure Documents	Continuous, prior to detainee departing.
54	Detainee Volunteer Food Service Worker Contingency Plan	Within 30 calendar days of award of contract and after that anytime as requested by the COR.
55	35 Day Regular Menu	Monthly
56	Physical damage to the facility documentation	Immediate verbal report to COR, with written report within five (5) days.
57	Detainee Special Needs Menu	As requested by COR
58	Daily Diet List (Medical & Religious)	As requested by COR
59	Holiday Menus	Annually
60	Emergency Food Preparation and Service Schedule	Within 30 calendar days of award of contract
61	ACA Temperature Log Report (refrigerators, freezers, dishwasher temperatures and water)	As requested by COR
62	Food Service Weekly Inspection Log	Weekly or as requested by COR
63	Food Handler Certification	Maintained for all food service employees at all times, as requested by COR
64	Food and Non-Food Inventory	Monthly or as requested by COR

65	Maintenance Service Work Orders	As requested by COR
66	Common Fare Cost for Detainees	Quarterly, or as requested by COR
67	Authorized Detainee Worker List Weekly Schedule	Weekly, or as requested by COR
68	Detainee Volunteer Food Service Work Detail Pay List	Monthly
69	Monthly Medical Inspection Corrective Actions	Monthly
70	Certified Dietician In- Service Staff Training and Department Inspection	Quarterly, or as requested by the COR
71	Medical Clearance including TB test	For all new employees and after diagnosed with illness or communicable disease. Employees must be re-examined and medically cleared before returning to work. TB test certification annually.
72	Vehicle inventory log and interior specification for each vehicle type	Within 30 calendar days of award of contract, annually and as requested by COR
73	Menu Cycle (Revisions and Registered Dietician Recertification of all menus)	Annually
74	End of Month Food Service Cost Report, including Cost Per Meal Data	Annually
75	Firearms Control Register	As requested by COR

Section E

76	Surveillance Video	As requested by COR
77	Detainee or Contractor Employee Contraband Found Report	Immediately to COR (immediate verbal report, with written follow-up)
78	Staff Vacancy Report	To COR by 5th of each month for previous month's data
79	Additional Reports as requested by the COR	As needed
80	Notice of facility readiness	10 days prior to the end of the Transition Period
81	Records related to performance by contractor	As requested by CO or COR at any time during the term of the contract or at termination/expiration.
82	Litigation	As requested by CO or COR at any time during the term of the contract or at/after termination/expiration.
83	Congressional Inquiry	Immediately to COR and CO (immediate verbal report, with written follow-up) to FOD, DFOD, COR, and CO
84	Press statements and/or releases	To FOD, DFOD & COR prior to release
85	Correctional Officer assignment, Names of Supervisory Correctional Officers, and Shift Rosters	As requested by COR
86	Overnight lodging requests	Advance of commencement of overnight trip
87	Non-returned ID Badges/Credentials	Immediately to COR
88	Intelligence Information	Immediately to COR
89	Serious Incidents	Immediately to COR

90	Contractor Employee Manual	Within 30 calendar days of award of contract and after that anytime as requested by the COR.
91	Any requested Detainee medical documentation	Immediately to COR
92	Medical and Personnel Records of Contractor Employees	As requested by COR
93	Contractor Business Permits and Licenses	Within 30 calendar days of award of contract and after that anytime as
94	Contractor Employee Registrations, Commissions, Permits, and Licenses	Prior to EOD and then after, as requested by COR
95	Correctional Officer Post Assignment Record	As requested by COR
96	Count Records	As requested by COR
97	GSA Form 139 or ICE equivalent	As requested by COR
98	Authorization to exceed a change in duty	To COR for approval prior to commencement of change of duty
99	Lost and Found	As requested by COR
100	Security incidents – computers	To COR within four (4) hours of incident
101	Daily Detainee Manifest	As requested by COR

102	Contract Discrepancy Report, Corrective Action Plan, or outcome measures required by any inspection or accreditation review, QASP or PBNDS requirements	As outlined within the requiring document
103	Spill Report	Immediately to COR
104	Transition-Out	1 week after notification of Transition to New Vendor
106	Operational Data/Metrics Summary	Due within three (3) days of request

**The word "immediately" or "immediate," as used above in the Deliverables Chart is defined as "as soon as reasonably possible." For facilities that are not in operation at time of award, deliverables will become due according to the deliverables chart once the facilities are on line and operational. The Contractor should use prudent and reasonable judgement to determine the timeframe necessary to notify the Government as defined above based on the situation, but it should not exceed a reasonable timeframe to notify the Government. For example, a reasonable timeframe for reporting a physical force incident to the Government is as soon as the incident that required a physical force response has been contained. A reasonable timeframe to notify the Government of an attempted escape is after the detainee is back, safely within the confines of the building. A reasonable timeframe to report an actual escape in which the Contractor does not locate the detainee is as soon as the Contractor realizes there has been an escape. In the case of a conflict between the Program Office and the Contractor on a reasonable timeframe, the Contracting Officer will determine the appropriate reasonable timeframe.*

E.4 ACCEPTANCE CRITERIA

The Government will provide written notification of acceptance or rejection of all final deliverables within thirty (30) calendar days. Absent written notification, final deliverables may be construed as accepted. All notifications of rejection will be accompanied with an explanation of the specific deficiencies causing the rejection.

[END OF SECTION E]

SECTION F:
DELIVERIES OR PERFORMANCE

F.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)

This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text can be accessed electronically at this internet address: https://www.acquisition.gov/browse/index/far

Clause Number	Clause Title	Date
52.242-15	Stop Work Order	Aug 1989
52.242-17	Government Delay of Work	Apr 1984

F.2 PERIOD OF PERFORMANCE

Each contract, when awarded, will have an anticipated period of performance which will include a base period of five (5) years and two additional five (5) year options. Included in the base period will be a sixty (60) day transition period (if necessary).

The anticipated period of performance for all requirements will be as follows:

Period of Performance	Dates
Base Period	12/20/2019 – 12/19/2024
Option Period 1	12/20/2024 – 12/19/2029
Option Period 2	12/20/2029 – 12/19/2034

F.3 PLACE OF PERFORMANCE:

Address of Facility: 425 Golden State Ave, Bakersfield, CA 93301

F.4 CONTRACTOR EVALUATING PROCEDURES:

The Government will issue Contractor performance ratings for each awarded requirement via the Contractor Performance Assessment Reporting System (CPARS) in accordance with FAR 42.1502. The CPARS website is located: http://www.cpars.gov.

[END OF SECTION F]

SECTION G:
CONTRACT ADMINISTRATION DATA

G.1 CONTRACT ADMINISTRATION

Notwithstanding the Contractors' responsibility for total management responsibility during the performance of this contract(s), the administration of the contract(s) will require maximum coordination between ICE and the Contractor.

The Government points of contact for any resulting contract(s) shall be identified at time of award.

G.2 CONTRACTING OFFICER'S REPRESENTATIVE

The following individual is designated and authorized by the CO to perform contract administration functions related to the technical performance of this contract(s).

Reference Contract Award Document

(a) The Contracting Officer (CO) may designate Government personnel to act as the Contracting Officer's Representative(s) (COR) to perform functions under the contract such as review or inspection and acceptance of supplies, services, including construction, and other functions of a technical nature. The CO will provide a written notice of such designation to the Contractor within five (5) working days after contract award. The designation letter will set forth the authorities and limitations of the COR under the contract.

(b) The CO cannot authorize the COR or any other representative to sign documents, such as contracts, contract modifications, etc., that require the signature of the CO.

G.3 INVOICE REQUIREMENTS

In accordance with Section G, Contract Administration Data, invoices shall be submitted as follows:

Service Providers/Contractors shall use these procedures when submitting an invoice.

1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions, via email, United States Postal Service (USPS) or facsimile as follows:

a) Email:

• Invoice.Consolidation@ice.dhs.gov
• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)
• Contract Specialist/Contracting Officer

Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b) USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: *(utilize code below based on which requirement)*

Codes:
Requirements A&B: ICE-ERO-FOD-SND
Requirement C: ICE-ERO-FOD-SFR
Requirement D: ICE-ERO/FOD-LA

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

c) Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. The Service Provider's or Contractor's Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i). Name and address of the Service Provider/Contractor. Note: the name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM. If payment is remitted to another

entity, the name, address and DUNS information of that entity must also be provided which will require Government verification before payment can be processed;

(ii). Dunn and Bradstreet (D&B) DUNS Number;

(iii). Invoice date and invoice number;

(iv). Agreement/Contract number, contract line item number and, if applicable, the order number;

(v). Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered;

(vi). If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii). Terms of any discount for prompt payment offered;

(viii). Remit to Address;

(ix). Name, title, and phone number of person to resolve invoicing issues;

(x). ICE program office designated on order/contract/agreement and

(xi). Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)

(xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer – System for Award Management or 52.232-34, Payment by Electronic Funds Transfer – Other than System for Award Management.

3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred.

Details are as follows:

(i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit, along with the invoice, supporting documentation for all detention services provided during the invoice period which provides the information described below:

• Bed day rate;
• Detainees check-in and check-out dates;
• Number of bed days multiplied by the bed day rate;
• Name of each detainee;
• Detainees identification information

(ii). Allowable Incurred Cost. Fixed Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format:

a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include:

• Bed day rate;
• Detainees check-in and check-out dates;
• Number of bed days multiplied by the bed day rate;
• Name of each detainee;
• Detainees identification information

b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:

• Mileage rate being applied for that invoice;
• Number of miles;
• Transportation routes provided;
• Locations serviced;
• Names of detainees transported;
• Itemized listing of all other charges; and,
• For reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.

c. Stationary Guard Services: The itemized monthly invoice shall state:

• The location where the guard services were provided,
• The employee guard names and number of hours being billed,
• The employee guard names and duration of the billing (times and dates), and
• for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.

d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):

1) The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support.

(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.

4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status.

As part of your obligation to safeguard information, the follow precautions are required:

(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.

(ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.

(iii) Use shredders when discarding paper documents containing Sensitive PII.

(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf for more information on and/or examples of Sensitive PII.

5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov.

Invoices without the above information may be returned for resubmission.

The preferred method of submittal is email.

[END OF SECTION G]

SECTION H:
SPECIAL CONTRACT REQUIREMENTS

1.1 CONTRACTOR'S INSURANCE

The Contractor shall maintain insurance in an amount not less than $3,000,000 to protect the Contractor from claims under workman's compensation acts and from any other claims for damages for personal injury, including death which may arise from operations under this contract whether such operations by the Contractor itself or by any subcontractor or anyone directly or indirectly employed by either business entity. The Contractor shall maintain General Liability insurance: bodily injury liability coverage written on a comprehensive form of policy of at least $500,000 per occurrence is required.

Additionally, an automobile liability insurance policy providing for bodily injury and property damage liability covering automobiles operated in the United States shall provide coverage of at least $200,000 per person and $500,000 per occurrence for bodily injury and $20,000 per occurrence for property coverage. Certificates of such insurance shall be subject to the approval of the CO for adequacy of protection. All insurance certificates required under this contract shall provide 30 days' notice to the Government of any contemplated cancellation.

The Contractor shall provide that all staff having access to detainee monies and valuables are bonded in an amount sufficient to ensure reimbursement to the detainee by the Contractor in case of loss.

1.2 ICE Information Governance and Privacy Requirements Clause (JUL 2017)

A. Limiting Access to Privacy Act and Other Sensitive Information

(1) Privacy Act Information
In accordance with FAR 52.224-1 Privacy Act Notification (APR 1984), and FAR 52.224-2 Privacy Act (APR 1984), if this contract requires contractor personnel to have access to information protected by the Privacy Act of 1974 the contractor is advised that the relevant DHS system of records notices (SORNs) applicable to this Privacy Act information may be found at www.dhs.gov/privacy. Applicable SORNS of other agencies may be accessed through the agencies' websites or by searching FDsys, the Federal Digital System, available at http://www.gpo.gov/fdsys/. SORNs may be updated at any time.

(2) Prohibition on Performing Work Outside a Government Facility/Network/Equipment
The Contractor shall perform all tasks on authorized Government networks, using Government-furnished IT and other equipment and/or Workplace as a Service (WaaS) if WaaS is authorized by the statement of work. Government information shall remain within the confines of authorized Government networks at all times. Except where telework is specifically authorized

within this contract, the Contractor shall perform all tasks described in this document at authorized Government facilities; the Contractor is prohibited from performing these tasks at or removing Government-furnished information to any other facility; and Government information shall remain within the confines of authorized Government facilities at all times. Contractors may only access classified materials on government furnished equipment in authorized government owned facilities regardless of telework authorizations.

(3) Prior Approval Required to Hire Subcontractors
The Contractor is required to obtain the Contracting Officer's approval prior to engaging in any contractual relationship (Subcontractor) in support of this contract requiring the disclosure of information, documentary material and/or records generated under or relating to this contract. The Contractor (and any Subcontractor) is required to abide by Government and Agency guidance for protecting sensitive and proprietary information.

(4) Separation Checklist for Contractor Employees
Contractor shall complete a separation checklist before any employee or Subcontractor employee terminates working on the contract. The separation checklist must verify: (1) return of any Government-furnished equipment; (2) return or proper disposal of sensitive personally identifiable information (PII), in paper or electronic form, in the custody of the employee or Subcontractor employee including the sanitization of data on any computer systems or media as appropriate; and (3) termination of any technological access to the Contractor's facilities or systems that would permit the terminated employee's access to sensitive PII. In the event of adverse job actions resulting in the dismissal of an employee or Subcontractor employee, the Contractor shall notify the Contracting Officer's Representative (COR) within 24 hours. For normal separations, the Contractor shall submit the checklist on the last day of employment or work on the contract.

As requested, contractors shall assist the ICE Point of Contact (ICE/POC), Contracting Officer, or COR with completing ICE Form 50-005/Contractor Employee Separation Clearance Checklist by returning all Government-furnished property including but not limited to computer equipment, media, credentials and passports, smart cards, mobile devices, PIV cards, calling cards, and keys and terminating access to all user accounts and systems.

B. Privacy Training, Safeguarding, and Remediation

If the Safeguarding of Sensitive Information (MAR 2015) and Information Technology Security and Privacy Training (MAR 2015) clauses are included in this contract, section B of this clause is deemed self- deleting.

(1) Required Security and Privacy Training for Contractors

Contractor shall provide training for all employees, including Subcontractors and independent contractors who have access to sensitive personally identifiable information (PII) as well as the creation, use, dissemination and/or destruction of sensitive PII at the outset of the employee's work on the contract and every year thereafter. Training must include procedures on how to properly handle sensitive PII, including security requirements for the transporting or transmission of sensitive PII, and reporting requirements for a suspected breach or loss of

sensitive PII. All Contractor employees are required to take the *Privacy at DHS: Protecting Personal Information* training course. This course, along with more information about DHS security and training requirements for Contractors, is available at www.dhs.gov/dhs-security-and-training-requirements-contractors. The Federal Information Security Management Act (FISMA) requires all individuals accessing ICE information to take the annual Information Assurance Awareness Training course. These courses are available through the ICE intranet site or the Agency may also make the training available through hypertext links or CD. The Contractor shall maintain copies of employees' certificates of completion as a record of compliance and must submit an annual e-mail notification to the ICE Contracting Officer's Representative that the required training has been completed for all the Contractor's employees.

(2) Safeguarding Sensitive PII Requirement

Contractor employees shall comply with the Handbook for Safeguarding sensitive PII at DHS at all times when handling sensitive PII, including the encryption of sensitive PII as required in the Handbook. This requirement will be flowed down to all subcontracts and lower tiered subcontracts as well.

(3) Non-Disclosure Agreement Requirement

All Contractor personnel that may have access to PII or other sensitive information shall be required to sign a Non-Disclosure Agreement (DHS Form 11000-6) prior to commencing work. The Contractor shall maintain signed copies of the NDA for all employees as a record of compliance. The Contractor shall provide copies of the signed NDA to the Contracting Officer's Representative (COR) no later than two (2) days after execution of the form.

(4) Prohibition on Use of PII in Vendor Billing and Administrative Records

The Contractor's invoicing, billing, and other financial/administrative records/databases may not store or include any sensitive Government information, such as PII that is created, obtained, or provided during the performance of the contract. It is acceptable to list the names, titles and contact information for the Contracting Officer, Contracting Officer's Representative, or other ICE personnel associated with the administration of the contract in the invoices as needed.

(5) Reporting Suspected Loss of Sensitive PII

Contractors must report the suspected loss or compromise of sensitive PII to ICE in a timely manner and cooperate with ICE's inquiry into the incident and efforts to remediate any harm to potential victims.

1. The Contractor must develop and include in its security plan (which is submitted to ICE) an internal system by which its employees and Subcontractors are trained to identify and report the potential loss or compromise of sensitive PII.

2. The Contractor must report the suspected loss or compromise of sensitive PII by its employees or Subcontractors to the ICE Security Operations Center (480-496-6627), the Contracting Officer's Representative (COR), and the Contracting Officer within one (1) hour of the initial discovery.

3. The Contractor must provide a written report to ICE within 24 hours of the suspected

loss or compromise of sensitive PII by its employees or Subcontractors. The report must contain the following information:

a. Narrative or detailed description of the events surrounding the suspected loss or compromise of information.
b. Date, time, and location of the incident.
c. Type of information lost or compromised.
d. Contractor's assessment of the likelihood that the information was compromised or lost and the reasons behind the assessment.
e. Names of person(s) involved, including victim, Contractor employee/Subcontractor and any witnesses.
f. Cause of the incident and whether the company's security plan was followed and, if not, which specific provisions were not followed.
g. Actions that have been or will be taken to minimize damage and/or mitigate further compromise.
h. Recommendations to prevent similar situations in the future, including whether the security plan needs to be modified in any way and whether additional training may be required.

4. The Contractor shall provide full access and cooperation for all activities determined by the Government to be required to ensure an effective incident response, including providing all requested images, log files, and event information to facilitate rapid resolution of sensitive information incidents.

5. At the Government's discretion, Contractor employees or Subcontractor employees may be identified as no longer eligible to access sensitive PII or to work on that contract based on their actions related to the loss or compromise of sensitive PII.

6. Victim Remediation
The Contractor is responsible for notifying victims and providing victim remediation services in the event of a loss or compromise of sensitive PII held by the Contractor, its agents, or its Subcontractors, under this contract. Victim remediation services shall include at least 18 months of credit monitoring and, for serious or large incidents as determined by the Government, call center help desk services for the individuals whose sensitive PII was lost or compromised. The Contractor and ICE will collaborate and agree on the method and content of any notification that may be required to be sent to individuals whose sensitive PII was lost or compromised.

C. Government Records Training, Ownership, and Management

(1) Records Management Training and Compliance

(a) The Contractor shall provide DHS basic records management training for all employees and Subcontractors that have access to sensitive PII as well as to those involved in the creation, use, dissemination and/or destruction of sensitive PII. This training will be provided at the outset of the Subcontractor's/employee's work on the contract and every year thereafter. This training can be obtained via links on the ICE intranet site or it may be made available through other means (e.g., CD or online). The Contractor shall

maintain copies of certificates as a record of compliance and must submit an e-mail notification annually to the Contracting Officer's Representative verifying that all employees working under this contract have completed the required records management training.

(b) The Contractor agrees to comply with Federal and Agency records management policies, including those policies associated with the safeguarding of records covered by the Privacy Act of 1974. These policies include the preservation of all records created or received regardless of format, mode of transmission, or state of completion.

(2) Records Creation, Ownership, and Disposition

(a) The Contractor shall not create or maintain any records not specifically tied to or authorized by the contract using Government IT equipment and/or Government records or that contain Government Agency data. The Contractor shall certify in writing the destruction or return of all Government data at the conclusion of the contract or at a time otherwise specified in the contract.

(b) Except as stated in the Performance Work Statement and, where applicable, the Contractor's Commercial License Agreement, the Government Agency owns the rights to all electronic information (electronic data, electronic information systems or electronic databases) and all supporting documentation and associated metadata created as part of this contract. All deliverables (including all data and records) under the contract are the property of the U.S. Government and are considered federal records, for which the Agency shall have unlimited rights to use, dispose of, or disclose such data contained therein. The Contractor must deliver sufficient technical documentation with all data deliverables to permit the agency to use the data.

(c) The Contractor shall not retain, use, sell, disseminate, or dispose of any government data/records or deliverables without the express written permission of the Contracting Officer or Contracting Officer's Representative. The Agency and its contractors are responsible for preventing the alienation or unauthorized destruction of records, including all forms of mutilation. Willful and unlawful destruction, damage or alienation of Federal records is subject to the fines and penalties imposed by 18 U.S.C. § 2701. Records may not be removed from the legal custody of the Agency or destroyed without regard to the provisions of the Agency records schedules.

D. Data Privacy and Oversight

Section D applies to information technology (IT) contracts. If this is not an IT contract, section D may read as self-deleting.

(1) Restrictions on Testing or Training Using Real Data Containing PII

The use of real data containing sensitive PII from any source for testing or training purposes is generally prohibited. The Contractor shall use synthetic or de-identified real data for testing or training whenever feasible. ICE policy requires that any proposal to use of real data or de-identified data for IT system testing or training be approved by the ICE Privacy Officer and Chief Information Security Officer (CISO) in advance. In the event performance of the contract

requires or necessitates the use of real data for system-testing or training purposes, the Contractor in coordination with the Contracting Officer or Contracting Officer's Representative and Government program manager shall obtain approval from the ICE Privacy Office and CISO and complete any required documentation.

If this IT contract contains the Safeguarding of Sensitive Information (MAR 2015) and Information Technology Security and Privacy Training (MAR 2015) clauses, section D(2) of this clause is deemed self-deleting.

(2) Requirements for Contractor IT Systems Hosting Government Data
The Contractor is required to obtain a Certification and Accreditation for any IT environment owned or controlled by the Contractor or any Subcontractor on which Government data shall reside for the purposes of IT system development, design, data migration, testing, training, maintenance, use, or disposal.

(3) Requirement to Support Privacy Compliance
(a) The Contractor shall support the completion of the Privacy Threshold Analysis (PTA) document when it is required. PTAs are triggered by the creation, modification, upgrade, or disposition of an IT system, and must be renewed at least every three years. Upon review of the PTA, the DHS Privacy Office determines whether a Privacy Impact Assessment (PIA) and/or Privacy Act System of Records Notice (SORN), or modifications thereto, are required.

The Contractor shall provide adequate support to complete the PIA in a timely manner, and shall ensure that project management plans and schedules include the PTA, PIA, and SORN (to the extent required) as milestones. Additional information on the privacy compliance process at DHS, including PTAs, PIAs, and SORNs, is located on the DHS Privacy Office website (www.dhs.gov/privacy) under "Compliance." DHS Privacy Policy Guidance Memorandum 2008-02 sets forth when a PIA will be required at DHS, and the Privacy Impact Assessment Guidance and Template outline the requirements and format for the PIA.

(b)If the contract involves an IT system build or substantial development or changes to an IT system that may require privacy documentation, the Contractor shall assign or procure a Privacy Lead, to be listed under "Key Personnel." The Privacy Lead shall be responsible for providing adequate support to DHS to ensure DHS can complete any required PTA, PIA, SORN, or other supporting documentation to support privacy compliance. The Privacy Lead shall work with personnel from the program office, the ICE Privacy Office, the Office of the Chief Information Officer, and the Records Management Branch to ensure that the privacy documentation is kept on schedule, that the answers to questions in the PIA are thorough and complete, and that questions asked by the ICE Privacy Office and other offices are answered in a timely fashion. The Privacy Lead:
•Must have excellent writing skills, the ability to explain technology clearly for a non-technical audience, and the ability to synthesize information from a variety of sources.
•Must have excellent verbal communication and organizational skills.
•Must have experience writing PIAs. Ideally the candidate would have experience writing PIAs for DHS.
•Must be knowledgeable about the Privacy Act of1974 and the E-Government Act of 2002.

•Must be able to work well with others.
(c)If a Privacy Lead is already in place with the program office and the contract involves IT system builds or substantial changes that may require privacy documentation, the requirement fora separate Private Lead specifically assigned under this contract may be waived provided the Contractor agrees to have the existing Privacy Lead coordinate with and support the ICE Privacy POC to ensure privacy concerns are proactively reviewed and so ICE can complete any required PTA, PIA,SORN, or other supporting documentation to support privacy compliance if required. The Contractor shall work with personnel from the program office, the ICE Office of Information Governance and Privacy, and the Office of the Chief Information Officer to ensure that the privacy documentation is kept on schedule, that the answers to questions in any privacy documents are thorough and complete, that all records management requirements are met, and that questions asked by the ICE Privacy Office and other offices are answered in a timely fashion.

[END OF SECTION H]

SECTION I:
CONTRACT CLAUSES

I.1 CLAUSES INCORPORATED BY REFERENCE (FAR 52.252-2) (FEB 1998)

This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the CO will make their full text available. Also, the full text can be accessed electronically at this internet address:
https://www.acquisition.gov/browse/index/far

Number	Titles	DATE
52.202-1	Definitions	Nov 2013
52.203-6	Restrictions on Subcontractor Sales to the Government	Sep 2006
52.203-12	Limitations on Payments to Influence Certain Federal Transactions	Oct 2010
52.203-13	Contractor Code of Business Ethics and Conduct	Oct 2015
52.203-17	Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights	Apr 2014
52.203-19	Prohibition on Requiring Certain Internal Confidentiality Agreements or Statements	Jan 2017
52.204-4	Printed or Copied Double-Sided on Postconsumer Fiber Content Paper	May 2011
52.204-9	Personal Identity Verification of Contractor Personnel	Jan 2011
52.204-10	Reporting Executive Compensation and First-Tier Subcontract Awards	Oct 2018
52.204-13	System for Award Management Maintenance	Oct 2018
52.204-15	Service Contract Reporting Requirements for Indefinite - Delivery Contracts	Oct 2016
52.204-18	Commercial and Government Entity Code Maintenance	Jul 2016
52.204-19	Incorporation by Reference of Representations and Certifications	Dec 2014
52.204-21	Basic Safeguarding of Covered Contractor Information Systems	Jun 2016
52.204-23	Prohibition on Contracting for Hardware, Software, and Services Developed or Provided by Kaspersky Lab and Other Covered Entities	Jul 2018
52.204-25	Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment.	Aug 2019
52.209-6	Protecting the Government's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment	Oct 2015
52.209-9	Updates of Publicly Available Information Regarding Responsibility Matters	Oct 2018

52.209-10	Prohibition on Contracting with Inverted Domestic Corporations	Nov 2015
52.212-4	Contract Terms and Conditions- Commercial Items	Oct 2018
52.219-4	Notice of Price Evaluation Preference for HUBZone Small Business Concerns	Oct 2014
52.219-8	Utilization of Small Business Concerns	Oct 2018
52.219-9	Small Business Subcontracting Plan	Aug 2018
52.219-16	Liquidated Damages-Subcontracting Plan	Jan 1999
52.219-28	Post-Award Small Business Program Representation	Jul 2013
52.222-1	Notice to the Government of Labor Disputes	Feb 1997
52.222-3	Convict Labor	Jun 2003
52.222-17	Non-displacement of Qualified Workers	May 2014
52.222-21	Prohibition of Segregated Facilities	Apr 2015
52.222-26	Equal Opportunity	Sep 2016
52.222-37	Employment Reports on Veterans	Feb 2016
52.222-40	Notification of Employee Rights Under the National Labor Relations Act	Dec 2010
52.222-41	Service Contract Labor Standards	Aug 2018
52.222-43	Fair Labor Standards Act and Service Contract Labor Standards - Price Adjustment (Multiple Year and Option Contracts)	Aug 2018
52.222-50	Combating Trafficking in Persons	Jan 2019
52.222-54	Employment Eligibility Verification	Oct 2015
52.222-55	Minimum Wages Under Executive Order 13658	Dec 2015
52.222-62	Paid Sick Leave Under Executive Order 13706	Jan 2017
52.223-6	Drug-Free Workplace	May 2001
52.223-18	Contractor Policies to Ban Text Messaging While Driving	Aug 2011
52.223-19	Compliance with Environmental Management Systems	May 2011
52.224-1	Privacy Act Notification	Apr 1984
52.224-2	Privacy Act	Apr 1984
52.224-3	Privacy Training	Jan 2017
52.225-13	Restrictions on Certain Foreign Purchases	Jun 2008
52.226-6	Promoting Excess Food Donation to Nonprofit Organizations	May 2014
52.227-1	Authorization and Consent	Dec 2007
52.229-3	Federal, State, and Local Taxes	Feb 2013
52.232-1	Payments	Apr 1984
52.232-7	Payments under Time-and-Materials and Labor-Hour Contracts	Aug 2012
52.232-8	Discounts for Prompt Payment	Feb 2002
52.232-9	Limitation on Withholding of Payments	Apr 1984
52.232-11	Extras	Apr 1984
52.232-17	Interest	May 2014
52.232-18	Availability of Funds	Apr 1984
52.232-23	Assignment of Claims	May 2014
52.232-25	Prompt Payment	Jan 2017
53.232-33	Payment by Electronic Funds - System for Award Management	Oct 2018

52.232-39	Unenforceability of Unauthorized Obligations	Jun 2013
52.232-40	Providing Accelerated Payments to Small Business Subcontractors	Dec 2013
52.233-1	Disputes	May 2014
52.233-3	Protest after Award	Aug 1996
52.233-4	Applicable Law for Breach of Contract Claim	Oct 2004
52.239-1	Privacy or Security Safeguards	Aug 1996
52.242-5	Payments to Small Business Subcontractors	Jan 2017
52.244-5	Competition in Subcontracting	Dec 1996
52.245-1	Government Property	Jan 2017
52.245-9	Use and Charges	Apr 2012
52.249-2	Termination for Convenience of the Government –Fixed Price	Apr 2012
52.249-8	Default (Fixed Price Supply and Service)	Apr 1984
52.253-1	Computer Generated Forms	Jan 1991

I.2 FAR CLAUSES INCORPORATED BY FULL TEXT

52.204-21 Basic Safeguarding of Covered Contractor Information Systems (Jun 2016)

(a) *Definitions*. As used in this clause--

"Covered contractor information system" means an information system that is owned or operated by a contractor that processes, stores, or transmits Federal contract information.

"Federal contract information" means information, not intended for public release, that is provided by or generated for the Government under a contract to develop or deliver a product or service to the Government, but not including information provided by the Government to the public (such as on public Web sites) or simple transactional information, such as necessary to process payments.

"Information" means any communication or representation of knowledge such as facts, data, or opinions, in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual (Committee on National Security Systems Instruction (CNSSI) 4009).

"Information system" means a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination, or disposition of information (44 U.S.C. 3502).

"Safeguarding" means measures or controls that are prescribed to protect information systems.

(b) Safeguarding requirements and procedures.

(1) The Contractor shall apply the following basic safeguarding requirements and procedures to protect covered contractor information systems. Requirements and procedures for basic safeguarding of covered contractor information systems shall include, at a minimum, the following security controls:

(i) Limit information system access to authorized users, processes acting on behalf of authorized users, or devices (including other information systems).

(ii) Limit information system access to the types of transactions and functions that authorized users are permitted to execute.

(iii) Verify and control/limit connections to and use of external information systems.

(iv) Control information posted or processed on publicly accessible information systems.

(v) Identify information system users, processes acting on behalf of users, or devices.

(vi) Authenticate (or verify) the identities of those users, processes, or devices, as a prerequisite to allowing access to organizational information systems.

(vii) Sanitize or destroy information system media containing Federal Contract Information before disposal or release for reuse.

(viii) Limit physical access to organizational information systems, equipment, and the respective operating environments to authorized individuals.

(ix) Escort visitors and monitor visitor activity; maintain audit logs of physical access; and control and manage physical access devices.

(x) Monitor, control, and protect organizational communications (i.e., information transmitted or received by organizational information systems) at the external boundaries and key internal boundaries of the information systems.

(xi) Implement subnetworks for publicly accessible system components that are physically or logically separated from internal networks.

(xii) Identify, report, and correct information and information system flaws in a timely manner.

(xiii) Provide protection from malicious code at appropriate locations within organizational information systems.

(xiv) Update malicious code protection mechanisms when new releases are available.

(xv) Perform periodic scans of the information system and real-time scans of files from external sources as files are downloaded, opened, or executed.

(2) *Other requirements*. This clause does not relieve the Contractor of any other specific safeguarding requirements specified by Federal agencies and departments relating to covered contractor information systems generally or other Federal safeguarding requirements for controlled unclassified information (CUI) as established by Executive Order 13556.

(c) *Subcontracts*. The Contractor shall include the substance of this clause, including this paragraph (c), in subcontracts under this contract (including subcontracts for the acquisition of commercial items, other than commercially available off-the-shelf items), in which the subcontractor may have Federal contract information residing in or transiting through its information system.

(End of Clause)

52.212-5 Contract Terms and Conditions Required to Implement Statutes or Executive Orders-Commercial Items (Oct 2019)

(a) The Contractor shall comply with the following Federal Acquisition Regulation (FAR) clauses, which are incorporated in this contract by reference, to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

(1) 52.203-19, Prohibition on Requiring Certain Internal Confidentiality Agreements or Statements (Jan 2017) (section 743 of Division E, Title VII, of the Consolidated and Further Continuing Appropriations Act, 2015 (Pub. L. 113-235) and its successor provisions in subsequent appropriations acts (and as extended in continuing resolutions)).

(2) 52.204-23, Prohibition on Contracting for Hardware, Software, and Services Developed or Provided by Kaspersky Lab and Other Covered Entities (*Jul* 2018) (Section 1634 of Pub. L. 115-91).

(3) 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment. (*Aug* 2019) (Section 889(a)(1)(A) of Pub. L. 115-232).

(4) 52.209-10, Prohibition on Contracting with Inverted Domestic Corporations (*Nov* 2015).

(5) 52.233-3, Protest After Award (*Aug* 1996) (31 U.S.C. 3553).

(6) 52.233-4, Applicable Law for Breach of Contract Claim (*Oct 2004)* (Public Laws 108-77 and 108-78 (19 U.S.C. 3805 note)).

(b) The Contractor shall comply with the FAR clauses in this paragraph (b) that the Contracting Officer has indicated as being incorporated in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial

items:

X - (1) 52.203-6, Restrictions on Subcontractor Sales to the Government (*Sept* 2006), with Alternate I (*Oct* 1995) (41 U.S.C. 4704 and 10 U.S.C. 2402).

X - (2) 52.203-13, Contractor Code of Business Ethics and Conduct (*Oct* 2015) (41 U.S.C. 3509)).

X - (3) 52.203-15, Whistleblower Protections under the American Recovery and Reinvestment Act of 2009 (*June* 2010) (Section 1553 of Pub. L. 111-5). (Applies to contracts funded by the American Recovery and Reinvestment Act of 2009.)

X (4) 52.204-10, Reporting Executive Compensation and First-Tier Subcontract Awards (*Oct* 2018) (Pub. L. 109-282) (31 U.S.C. 6101 note).

__ (5) [Reserved].

X (6) 52.204-14, Service Contract Reporting Requirements (*Oct* 2016) (Pub. L. 111-117, section 743 of Div. C).

X (7) 52.204-15, Service Contract Reporting Requirements for Indefinite-Delivery Contracts (*Oct* 2016) (Pub. L. 111-117, section 743 of Div. C).

X (8) 52.209-6, Protecting the Government's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment. (*Oct* 2015) (31 U.S.C. 6101 note).

X (9) 52.209-9, Updates of Publicly Available Information Regarding Responsibility Matters (*Oct* 2018) (41 U.S.C. 2313).

__ (10) [Reserved].

__ (11) (i) 52.219-3, Notice of HUBZone Set-Aside or Sole-Source Award (*Nov* 2011) (15 U.S.C.657a).

__ (ii) Alternate I (*Nov* 2011) of 52.219-3.

__ (12) (i) 52.219-4, Notice of Price Evaluation Preference for HUBZone Small Business Concerns (*Oct* 2014) (if the offeror elects to waive the preference, it shall so indicate in its offer) (15 U.S.C. 657a).

__ (ii) Alternate I (*Jan* 2011) of 52.219-4.

__ (13) [Reserved]

__ (14) (i) 52.219-6, Notice of Total Small Business Set-Aside (*Nov* 2011) (15 U.S.C.644).

__ (ii) Alternate I (*Nov* 2011).

__ (iii) Alternate II (*Nov* 2011).

__ (15)
(i) 52.219-7, Notice of Partial Small Business Set-Aside (*June* 2003) (15 U.S.C. 644).

__ (ii) Alternate I (*Oct* 1995) of 52.219-7.

__ (iii) Alternate II (*Mar* 2004) of 52.219-7.

__ (16) 52.219-8, Utilization of Small Business Concerns (*Oct* 2018) (15 U.S.C. 637(d)(2) and (3)).

__ (17)
(i) 52.219-9, Small Business Subcontracting Plan (*Aug* 2018) (15 U.S.C. 637(d)(4))

X (ii) Alternate I (*Nov* 2016) of 52.219-9.

__ (iii) Alternate II (*Nov* 2016) of 52.219-9.
__ (iv) Alternate III (*Nov* 2016) of 52.219-9.
__ (v) Alternate IV (Aug 2018) of 52.219-9
__ (18) 52.219-13, Notice of Set-Aside of Orders (*Nov* 2011) (15 U.S.C. 644(r)).
X (19) 52.219-14, Limitations on Subcontracting (*Jan* 2017) (15 U.S.C.637(a)(14)).
__ (20) 52.219-16, Liquidated Damages-Subcontracting Plan (*Jan* 1999) (15 U.S.C. 637(d)(4)(F)(i)).
__ (21) 52.219-27, Notice of Service-Disabled Veteran-Owned Small Business Set-Aside (*Oct* 2019) (15 U.S.C. 657f).
__ (22) 52.219-28, Post Award Small Business Program Representation (*Jul* 2013) (15 U.S.C. 632(a)(2)).
__ (23) 52.219-29, Notice of Set-Aside for, or Sole Source Award to, Economically Disadvantaged Women-Owned Small Business Concerns (*Dec* 2015) (15 U.S.C. 637(m)).
__ (24) 52.219-30, Notice of Set-Aside for, or Sole Source Award to, Women-Owned Small Business Concerns Eligible Under the Women-Owned Small Business Program (*Dec* 2015) (15 U.S.C. 637(m)).
X (25) 52.222-3, Convict Labor (*June* 2003) (E.O.11755).
X (26) 52.222-19, Child Labor-Cooperation with Authorities and Remedies (Oct 2019) (E.O.13126).
X (27) 52.222-21, Prohibition of Segregated Facilities (*Apr* 2015).
X (28) (i) 52.222-26, Equal Opportunity (*Sept* 2016) (E.O.11246).
__ (ii) Alternate I (*Feb* 1999) of 52.222-26.
__ (29)
(i) 52.222-35, Equal Opportunity for Veterans (*Oct* 2015) (38 U.S.C. 4212).
X (ii) Alternate I (*July* 2014) of 52.222-35.
__ (30)
(i) 52.222-36, Equal Opportunity for Workers with Disabilities (*Jul* 2014) (29 U.S.C.793).
__ (ii) Alternate I (July 2014) of 52.222-36.
__ (31) 52.222-37, Employment Reports on Veterans (*Feb 2016*) (38 U.S.C. 4212).

__ (32) 52.222-40, Notification of Employee Rights Under the National Labor Relations Act (*Dec* 2010) (E.O. 13496).
__ (33)
(i) 52.222-50, Combating Trafficking in Persons (*Jan* 2019) (22 U.S.C. chapter 78 and E.O. 13627).
__ (ii) Alternate I (*Mar* 2015) of 52.222-50 (22 U.S.C. chapter 78 and E.O. 13627).
__ (34) 52.222-54, Employment Eligibility Verification (*Oct 2015*). (Executive Order 12989). (Not applicable to the acquisition of commercially available off-the-shelf items or certain other types of commercial items as prescribed in 22.1803.)
__ (35)
(i) 52.223-9, Estimate of Percentage of Recovered Material Content for EPA–Designated Items (*May* 2008) (42 U.S.C. 6962(c)(3)(A)(ii)). (Not applicable to the acquisition of commercially available off-the-shelf items.)
__ (ii) Alternate I (*May* 2008) of 52.223-9 (42 U.S.C. 6962(i)(2)(C)). (Not applicable to the acquisition of commercially available off-the-shelf items.)

__ (36) 52.223-11, Ozone-Depleting Substances and High Global Warming Potential Hydrofluorocarbons (*Jun* 2016) (E.O. 13693).

__ (37) 52.223-12, Maintenance, Service, Repair, or Disposal of Refrigeration Equipment and Air Conditioners (*Jun*2016) (E.O. 13693).

__ (38)
(i) 52.223-13, Acquisition of EPEAT®-Registered Imaging Equipment (*Jun 2014*) (E.O.s 13423 and 13514).

__ (ii) Alternate I (*Oct* 2015) of 52.223-13.

__ (39)
(i) 52.223-14, Acquisition of EPEAT®-Registered Televisions (*Jun 2014*) (E.O.s 13423 and 13514).

__ (ii) Alternate I (*Jun* 2014) of 52.223-14.

__ (40) 52.223-15, Energy Efficiency in Energy-Consuming Products (*Dec 2007*) (42 U.S.C. 8259b).

__ (41)
(i) 52.223-16, Acquisition of EPEAT®-Registered Personal Computer Products (*Oct 2015*) (E.O.s 13423 and 13514).

__ (ii) Alternate I (*Jun* 2014) of 52.223-16.

__ (42) 52.223-18, Encouraging Contractor Policies to Ban Text Messaging While Driving (*Aug 2011*) (E.O. 13513).

__ (43) 52.223-20, Aerosols (*Jun* 2016) (E.O. 13693).

__ (44) 52.223-21, Foams (*Jun* 2016) (E.O. 13693).

__ (45)
(i) 52.224-3 Privacy Training (*Jan* 2017) (5 U.S.C. 552 a).

__ (ii) Alternate I (*Jan* 2017) of 52.224-3.

__ (46) 52.225-1, Buy American-Supplies (*May* 2014) (41 U.S.C. chapter 83).

__ (47)
(i) 52.225-3, Buy American-Free Trade Agreements-Israeli Trade Act (*May* 2014) (41 U.S.C. chapter 83, 19 U.S.C. 3301 note, 19 U.S.C. 2112 note, 19 U.S.C. 3805 note, 19 U.S.C. 4001 note, Pub. L. 103-182, 108-77, 108-78, 108-286, 108-302, 109-53, 109-169, 109-283, 110-138, 112-41, 112-42, and 112-43.

__ (ii) Alternate I (*May* 2014) of 52.225-3.

__ (iii) Alternate II (*May* 2014) of 52.225-3.

__ (iv) Alternate III (*May* 2014) of 52.225-3.

__ (48) 52.225-5, Trade Agreements (*Oct 2019*) (19 U.S.C. 2501, *et seq*., 19 U.S.C. 3301 note).

X (49) 52.225-13, Restrictions on Certain Foreign Purchases (*June* 2008) (E.O.'s, proclamations, and statutes administered by the Office of Foreign Assets Control of the Department of the Treasury).

X (50) 52.225-26, Contractors Performing Private Security Functions Outside the United States (*Oct* 2016) (Section 862, as amended, of the National Defense Authorization Act for Fiscal Year 2008; 10 U.S.C. 2302 Note).

__ (51) 52.226-4, Notice of Disaster or Emergency Area Set-Aside (*Nov* 2007) (42 U.S.C. 5150).

__ (52) 52.226-5, Restrictions on Subcontracting Outside Disaster or Emergency Area (*Nov* 2007) (42 U.S.C. 5150).

__ (53) 52.232-29, Terms for Financing of Purchases of Commercial Items (*Feb* 2002) (41 U.S.C.4505, 10 U.S.C.2307(f)).

X (54) 52.232-30, Installment Payments for Commercial Items (*Jan* 2017) (41 U.S.C.4505, 10 U.S.C.2307(f)).

X (55) 52.232-33, Payment by Electronic Funds Transfer-System for Award Management (*Oct* 2018) (31 U.S.C. 3332).

__ (56) 52.232-34, Payment by Electronic Funds Transfer-Other than System for Award Management (*Jul* 2013) (31 U.S.C.3332).

__ (57) 52.232-36, Payment by Third Party (*May* 2014) (31 U.S.C.3332).

__ (58) 52.239-1, Privacy or Security Safeguards (*Aug* 1996) (5 U.S.C. 552a).

__ (59) 52.242-5, Payments to Small Business Subcontractors (*Jan* 2017) (15 U.S.C. 637(d)(13)).

__ (60)
(i) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (*Feb* 2006) (46 U.S.C. Appx. 1241(b) and 10 U.S.C. 2631).

__ (ii) Alternate I (*Apr* 2003) of 52.247-64.

__ (iii) Alternate II (*Feb* 2006) of 52.247-64.

(c) The Contractor shall comply with the FAR clauses in this paragraph (c), applicable to commercial services, that the Contracting Officer has indicated as being incorporated in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

[*Contracting Officer check as appropriate.*]

__ (1) 52.222-17, Nondisplacement of Qualified Workers (*May* 2014)(E.O. 13495).

X (2) 52.222-41, Service Contract Labor Standards (*Aug* 2018) (41 U.S.C. chapter 67).

__ (3) 52.222-42, Statement of Equivalent Rates for Federal Hires (*May* 2014) (29 U.S.C. 206 and 41 U.S.C. chapter 67).

__ (4) 52.222-43, Fair Labor Standards Act and Service Contract Labor Standards-Price Adjustment (Multiple Year and Option Contracts) (*Aug* 2018) (29 U.S.C. 206 and 41 U.S.C. chapter 67).

__ (5) 52.222-44, Fair Labor Standards Act and Service Contract Labor Standards-Price Adjustment (*May* 2014) (29 U.S.C. 206 and 41 U.S.C. chapter 67).

__ (6) 52.222-51, Exemption from Application of the Service Contract Labor Standards to Contracts for Maintenance, Calibration, or Repair of Certain Equipment-Requirements (*May* 2014) (41 U.S.C. chapter 67).

__ (7) 52.222-53, Exemption from Application of the Service Contract Labor Standards to Contracts for Certain Services-Requirements (*May* 2014) (41 U.S.C. chapter 67).

X (8) 52.222-55, Minimum Wages Under Executive Order 13658 (*Dec* 2015).

__ (9) 52.222-62, Paid Sick Leave Under Executive Order 13706 (*Jan* 2017) (E.O. 13706).

__ (10) 52.226-6, Promoting Excess Food Donation to Nonprofit Organizations (*May* 2014) (42 U.S.C. 1792).

(d) *Comptroller General Examination of Record*. The Contractor shall comply with the provisions of this paragraph (d) if this contract was awarded using other than sealed bid, is in

excess of the simplified acquisition threshold, and does not contain the clause at 52.215-2, Audit and Records-Negotiation.

(1) The Comptroller General of the United States, or an authorized representative of the Comptroller General, shall have access to and right to examine any of the Contractor's directly pertinent records involving transactions related to this contract.

(2) The Contractor shall make available at its offices at all reasonable times the records, materials, and other evidence for examination, audit, or reproduction, until 3 years after final payment under this contract or for any shorter period specified in FAR subpart 4.7, Contractor Records Retention, of the other clauses of this contract. If this contract is completely or partially terminated, the records relating to the work terminated shall be made available for 3 years after any resulting final termination settlement. Records relating to appeals under the disputes clause or to litigation or the settlement of claims arising under or relating to this contract shall be made available until such appeals, litigation, or claims are finally resolved.

(3) As used in this clause, records include books, documents, accounting procedures and practices, and other data, regardless of type and regardless of form. This does not require the Contractor to create or maintain any record that the Contractor does not maintain in the ordinary course of business or pursuant to a provision of law.

(e)

(1) Notwithstanding the requirements of the clauses in paragraphs (a), (b), (c), and (d) of this clause, the Contractor is not required to flow down any FAR clause, other than those in this paragraph (e)(1) in a subcontract for commercial items. Unless otherwise indicated below, the extent of the flow down shall be as required by the clause-

(i) 52.203-13, Contractor Code of Business Ethics and Conduct (*Oct* 2015) (41 U.S.C. 3509).

(ii) 52.203-19, Prohibition on Requiring Certain Internal Confidentiality Agreements or Statements (Jan 2017) (section 743 of Division E, Title VII, of the Consolidated and Further Continuing Appropriations Act, 2015 (Pub. L. 113-235) and its successor provisions in subsequent appropriations acts (and as extended in continuing resolutions)).

(iii) 52.204-23, Prohibition on Contracting for Hardware, Software, and Services Developed or Provided by Kaspersky Lab and Other Covered Entities (Jul 2018) (Section 1634 of Pub. L. 115-91).

(iv) 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment. (Aug 2019) (Section 889(a)(1)(A) of Pub. L. 115-232).

(v) 52.219-8, Utilization of Small Business Concerns (*Oct* 2018) (15 U.S.C.637(d)(2) and (3)), in all subcontracts that offer further subcontracting opportunities. If the subcontract (except subcontracts to small business concerns) exceeds $700,000 ($1.5 million for construction of any public facility), the subcontractor must include 52.219-8 in lower tier subcontracts that offer subcontracting opportunities.

(vi) 52.222-17, Nondisplacement of Qualified Workers (*May* 2014) (E.O. 13495). Flow down required in accordance with paragraph (l) of FAR clause 52.222-17.

(vii) 52.222-21, Prohibition of Segregated Facilities (*Apr* 2015).

(viii) 52.222-26, Equal Opportunity (*Sept* 2015) (E.O.11246).

(ix) 52.222-35, Equal Opportunity for Veterans (*Oct* 2015) (38 U.S.C.4212).

(x) 52.222-36, Equal Opportunity for Workers with Disabilities (*Jul* 2014) (29 U.S.C.793).

(xi) 52.222-37, Employment Reports on Veterans (*Feb* 2016) (38 U.S.C.4212)

(xii) 52.222-40, Notification of Employee Rights Under the National Labor Relations Act (*Dec* 2010) (E.O. 13496). Flow down required in accordance with paragraph (f) of FAR clause 52.222-40.

(xiii) 52.222-41, Service Contract Labor Standards (*Aug* 2018) (41 U.S.C. chapter 67).

(xiv)

(A) 52.222-50, Combating Trafficking in Persons (*Jan* 2019) (22 U.S.C. chapter 78 and E.O 13627).

(B) Alternate I (*Mar* 2015) of 52.222-50(22 U.S.C. chapter 78 and E.O 13627).

(xv) 52.222-51, Exemption from Application of the Service Contract Labor Standards to Contracts for Maintenance, Calibration, or Repair of Certain Equipment-Requirements (*May* 2014) (41 U.S.C. chapter 67).

(xvi) 52.222-53, Exemption from Application of the Service Contract Labor Standards to Contracts for Certain Services-Requirements (*May* 2014) (41 U.S.C. chapter 67).

(xvii) 52.222-54, Employment Eligibility Verification (*Oct 2015*) (E.O. 12989).

(xviii) 52.222-55, Minimum Wages Under Executive Order 13658 (*Dec* 2015).

(xix) 52.222-62, Paid Sick Leave Under Executive Order 13706 (*Jan* 2017) (E.O. 13706).

(xx)

(A) 52.224-3, Privacy Training (*Jan* 2017) (5 U.S.C. 552a).

(B) Alternate I (*Jan* 2017) of 52.224-3.

(xxi) 52.225-26, Contractors Performing Private Security Functions Outside the United States (*Oct* 2016) (Section 862, as amended, of the National Defense Authorization Act for Fiscal Year 2008; 10 U.S.C. 2302 Note).

(xxii) 52.226-6, Promoting Excess Food Donation to Nonprofit Organizations (*May* 2014) (42 U.S.C. 1792). Flow down required in accordance with paragraph (e) of FAR clause 52.226-6.

(xxiii) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (*Feb* 2006) (46 U.S.C. Appx.1241(b) and 10 U.S.C.2631). Flow down required in accordance with paragraph (d) of FAR clause 52.247-64.

(2) While not required, the Contractor may include in its subcontracts for commercial items a minimal number of additional clauses necessary to satisfy its contractual obligations.

(End of clause)

Alternate I (Feb 2000). As prescribed in 12.301(b)(4)(i), delete paragraph (d) from the basic clause, redesignate paragraph (e) as paragraph (d), and revise the reference to "paragraphs (a), (b), (c), or (d) of this clause" in the redesignated paragraph (d) to read "paragraphs (a), (b), and (c) of this clause".

Alternate II (Aug 2019). As prescribed in 12.301(b)(4)(ii), substitute the following paragraphs (d)(1) and (e)(1) for paragraphs (d)(1) and (e)(1) of the basic clause as follows:

(d)(1) The Comptroller General of the United States, an appropriate Inspector General

appointed under section 3 or 8 G of the Inspector General Act of 1978 (5 U.S.C. App.), or an authorized representative of either of the foregoing officials shall have access to and right to—
(i) Examine any of the Contractor's or any subcontractors' records that pertain to, and involve transactions relating to, this contract; and
(ii) Interview any officer or employee regarding such transactions.
(e)(1) Notwithstanding the requirements of the clauses in paragraphs (a), (b), and (c), of this clause, the Contractor is not required to flow down any FAR clause in a subcontract for commercial items, other than-
(i) *Paragraph (d) of this clause*. This paragraph flows down to all subcontracts, except the authority of the Inspector General under paragraph (d)(1)(ii) does not flow down; and
(ii) *Those clauses listed in this paragraph (e)(1)*. Unless otherwise indicated below, the extent of the flow down shall be as required by the clause-
(A) 52.203-13, Contractor Code of Business Ethics and Conduct (*Oct* 2015) (41 U.S.C. 3509).
(B) 52.203-15, Whistleblower Protections Under the American Recovery and Reinvestment Act of 2009 (*Jun* 2010) (Section 1553 of Pub. L. 111-5).
(C) 52.204-23, Prohibition on Contracting for Hardware, Software, and Services Developed or Provided by Kaspersky Lab and Other Covered Entities (*Jul* 2018) (Section 1634 of Pub. L. 115-91).
(D) 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment. (Aug 2019) (Section 889(a)(1)(A) of Pub. L. 115-232).
(E) 52.219-8, Utilization of Small Business Concerns (*Oct* 2018) (15 U.S.C. 637(d)(2) and (3)), in all subcontracts that offer further subcontracting opportunities. If the subcontract (except subcontracts to small business concerns) exceeds $700,000 ($1.5 million for construction of any public facility), the subcontractor must include 52.219-8 in lower tier subcontracts that offer subcontracting opportunities.
(F) 52.222-21, Prohibition of Segregated Facilities (*Apr* 2015).
(G) 52.222-26, Equal Opportunity (*Sept* 2016) (E.O. 11246).
(H) 52.222-35, Equal Opportunity for Veterans (*Oct* 2015) (38 U.S.C. 4212).
(I) 52.222-36, Equal Opportunity for Workers with Disabilities (*Jul*2014) (29 U.S.C. 793).
(J) 52.222-40, Notification of Employee Rights Under the National Labor Relations Act (*Dec* 2010) (E.O. 13496). Flow down required in accordance with paragraph (f) of FAR clause 52.222-40.
(K) 52.222-41, Service Contract Labor Standards (*Aug* 2018) (41 U.S.C.chapter 67).
(L) ___*(1)* 52.222-50, Combating Trafficking in Persons (*Jan* 2019) (22 U.S.C. chapter 78 and E.O 13627).
___*(2)* Alternate I (*Mar*2015) of 52.222-50 (22 U.S.C. chapter 78 and E.O 13627).
(M) 52.222-51, Exemption from Application of the Service Contract Labor Standards to Contracts for Maintenance, Calibration, or Repair of Certain Equipment-Requirements (*May* 2014) (41 U.S.C. chapter 67).
(N) 52.222-53, Exemption from Application of the Service Contract Labor Standards to Contracts for Certain Services-Requirements (*May*2014) (41 U.S.C. chapter 67).
(O) 52.222-54, Employment Eligibility Verification (*Oct* 2015) (Executive Order 12989).
(P) 52.222-55, Minimum Wages Under Executive Order 13658 (*Dec* 2015).
(Q) 52.222-62, Paid Sick Leave Under Executive Order 13706 (*Jan* 2017) (E.O. 13706).

(R)*(1)* 52.224-3, Privacy Training (*Jan* 2017) (5 U.S.C. 552a).
(2) Alternate I (*Jan* 2017) of 52.224-3.
(S) 52.225-26, Contractors Performing Private Security Functions Outside the United States (*Oct* 2016) (Section 862, as amended, of the National Defense Authorization Act for Fiscal Year 2008; 10 U.S.C. 2302 Note).
(T) 52.226-6, Promoting Excess Food Donation to Nonprofit Organizations. (*May* 2014) (42 U.S.C. 1792). Flow down required in accordance with paragraph (e) of FAR clause 52.226-6.
(U) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (*Feb* 2006) (46 U.S.C. Appx. 1241(b) and 10 U.S.C. 2631). Flow down required in accordance with paragraph (d) of FAR clause 52.247-64 .

52.216-18 Ordering (Oct 1995)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued between 12/20/2019 to 12/19/2034.

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, this contract shall control.

(c) If mailed, a delivery order or task order is considered "issued" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

(End of Clause)

52.216-19 Ordering Limitations (Oct 1995)

(a) *Minimum order.* When the Government requires supplies or services covered by this contract in an amount not less than $100,000*, or* a different amount proposed by the Contractor and accepted by the Government, the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) *Maximum order*.

The Contractor is not obligated to honor --

(1) Any order for a single item in excess of *the total value of the CLIN set forth in this Contract pursuant to which such services are being ordered under*;

(2) Any order for a combination of items in excess of *the total combined value of the CLINs set forth in this the Contract which such services are being ordered under*; or

(3) A series of orders from the same ordering office within 365 days that together call for quantities exceeding the limitation in subparagraph (b)(1) or (2) of this section.

(c) If this is a requirements contract (*i.e*., includes the Requirements clause at subsection 52.216- 21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the Contractor if that requirement exceeds the maximum-order limitations in paragraph (b) of this section.

(d) Notwithstanding paragraphs (b) and (c) of this section, the Contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within 5 days after issuance, with written notice stating the Contractor's intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of Clause)

52.216-22 Indefinite Quantity (Oct 1995)

(a) This is an indefinite-quantity contract for the supplies or services specified, and effective for the period stated in the Schedule. The quantities of supplies and services specified in the Schedule are estimates only and are not purchased by this contract.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. The Contractor shall furnish to the Government, when and if ordered, the supplies or services specified in the Schedule up to and including the quantity designated in the Schedule as the "maximum." The Government shall order at least the quantityof supplies or services designated in the Schedule as the "minimum."

(c) Except for any limitations on quantities in the Delivery-Order Limitations clause or in the Schedule, there is no limit on the number of orders that may be issued. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(d) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; *provided*, that the Contractor shall not be required to make any deliveries under this contact after the period of performance end date of the IDIQ.

(End of Clause)

52.217-9 Option to Extend the Term of the Contract (Mar 2000)

(a) The Government may extend the term of this contract by written notice to the Contractor within the performance period provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 1 day before the

contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 15 Years.

(End of Clause)

52.222-35 Equal Opportunity Veterans (Oct 2015)

(a) *Definitions*. As used in this clause--

"Active duty wartime or campaign badge veteran," "Armed Forces service medal veteran," "disabled veteran," "protected veteran," "qualified disabled veteran,' and "recently separated veteran" have the meanings given at FAR 22.1301.

(b) *Equal opportunity clause*. The Contractor shall abide by the requirements of the equal opportunity clause at 41 CFR 60-300.5(a), as of March 24, 2014. This clause prohibits discrimination against qualified protected veterans, and requires affirmative action by the Contractor to employ and advance in employment qualified protected veterans.

(c) Subcontracts. The Contractor shall insert the terms of this clause in subcontracts of $150,000 or more unless exempted by rules, regulations, or orders of the Secretary of Labor. The Contractor shall act as specified by the Director, Office of Federal Contract Compliance Programs, to enforce the terms, including action for noncompliance. Such necessary changes in language may be made as shall be appropriate of identify properly the parties and their undertakings.

(d) Notwithstanding the provisions of this section, the Contractor will not be obligated to develop the written affirmative action program required under the regulations implementing the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA).

(End of Clause)

52.222-36 Equal Opportunity for Workers with Disabilities (Jul 2014)

(a) *Equal opportunity clause.* The Contractor shall abide by the requirements of the equal opportunity clause at 41 CFR 60.741.5(a), as of March 24, 2014. This clause prohibits discrimination against qualified individuals on the basis of disability and requires affirmative action by the Contractor to employ and advance in employment qualified individuals with disabilities.

(b) *Subcontracts.* The Contractor shall include the terms of this clause in every subcontract or purchase order in excess of $15,000 unless exempted by rules, regulations, or orders of the Secretary, so that such provisions will be binding upon each subcontractor or vendor. The Contractor shall act as specified by the Director, Office of Federal Contract Compliance Programs of the U.S. Department of Labor, to enforce the terms, including action for noncompliance. Such necessary changes in language may be made as shall be appropriate to identify properly the parties and their undertakings.

(c) Notwithstanding the provisions of this section, the Contractor will not be obligated to develop the written affirmative action program required under the regulations implementing section 503 of the Rehabilitation Act of 1973, as amended.

(End of Clause)

I.3 HSAR CLAUSES INCORPORATED BY REFERENCE

Number	Titles	DATE
3052.203-70	Instructions for Contractor Disclosure of Violations	Sep 2012
3052.225-70	Requirement for Use of Certain Domestic Commodities	Aug 2009

I.4 HSAR CLAUSES INCORPORATED IN FULL TEXT

3052.204-71 Contractor Employee Access (Sep 2012)

(a) *Sensitive Information,* as used in this clause, means any information, which if lost, misused, disclosed, or, without authorization is accessed, or modified, could adversely affect the national or homeland security interest, the conduct of Federal programs, or the privacy to which individuals are entitled under section 552a of title 5, United States Code (the Privacy Act), but which has not been specifically authorized under criteria established by an Executive Order or an Act of Congress to be kept secret in the interest of national defense, homeland security or foreign policy. This definition includes the following categories of information:

(1) Protected Critical Infrastructure Information (PCII) as set out in the Critical Infrastructure Information Act of 2002 (Title II, Subtitle B, of the Homeland Security Act, Public Law 107-296, 196 Stat. 2135), as amended, the implementing regulations thereto (Title 6, Code of Federal Regulations, Part 29) as amended, the applicable PCII Procedures Manual, as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the PCII Program Manager or his/her designee);

(2) Sensitive Security Information (SSI), as defined in Title 49, Code of Federal Regulations, Part 1520, as amended, "Policies and Procedures of Safeguarding and Control of SSI," as amended, and any supplementary guidance officially communicated by an authorized official of the Department of Homeland Security (including the Assistant Secretary for the Transportation Security Administration or his/her designee);

(3) Information designated as "For Official Use Only," which is unclassified information of a sensitive nature and the unauthorized disclosure of which could adversely impact a person's privacy or welfare, the conduct of Federal programs, or other programs or operations essential to the national or homeland security interest; and

(4) Any information that is designated "sensitive" or subject to other controls, safeguards or protections in accordance with subsequently adopted homeland security information handling procedures.

(b) "Information Technology Resources" include, but are not limited to, computer equipment, networking equipment, telecommunications equipment, cabling, network drives, computer drives, network software, computer software, software programs, intranet sites, and internet sites.

(c) Contractor employees working on this contract must complete such forms as may be necessary for security or other reasons, including the conduct of background investigations to determine suitability. Completed forms shall be submitted as directed by the Contracting Officer. Upon the Contracting Officer's request, the Contractor's employees shall be fingerprinted, or subject to other investigations as required. All Contractor employees requiring recurring access to Government facilities or access to sensitive information or IT resources are required to have a favorably adjudicated background investigation prior to commencing work on this contract unless this requirement is waived under Departmental procedures.

(d) The Contracting Officer may require the Contractor to prohibit individuals from working on the contract if the Government deems their initial or continued employment contrary to the public interest for any reason, including, but not limited to, carelessness, insubordination, incompetence, or security concerns.

(e) Work under this contract may involve access to sensitive information. Therefore, the Contractor shall not disclose, orally or in writing, any sensitive information to any person unless authorized in writing by the Contracting Officer. For those Contractor employees authorized access to sensitive information, the Contractor shall ensure that these persons receive training concerning the protection and disclosure of sensitive information both during and after contract performance.

(f) The Contractor shall include the substance of this clause in all subcontracts at any tier where the subcontractor may have access to Government facilities, sensitive information, or resources.

3052.204-71 Contractor Employee Access ALTERNATE I (SEP 2012)

(g) Before receiving access to IT resources under this contract the individual must receive a security briefing, which the Contracting Officer's Technical Representative (COTR) will arrange and complete any nondisclosure agreement furnished by DHS.

(h) The Contractor shall have access only to those areas of DHS information technology resources explicitly stated in this contract or approved by the COTR in writing as necessary for performance of the work under this contract. Any attempts by Contractor personnel to gain access to any information technology resources not expressly authorized by the statement of work, other terms and conditions in this contract, or as approved in writing by the COTR, is strictly prohibited. In the event of violation of this provision, DHS will take appropriate actions with regard to the contract and the individual(s) involved.

(i) Contractor access to DHS networks from a remote location is a temporary privilege for mutual convenience while the Contractor performs business for the DHS Component. It is not a right, a guarantee of access, a condition of the contract, or Government Furnished Equipment (GFE).

(j) Contractor access will be terminated for unauthorized use. The Contractor agrees to hold and save DHS harmless from any unauthorized use and agrees not to request additional time or money under the contract for any delays resulting from unauthorized use or access.

(k) Non-U.S. citizens shall not be authorized to access or assist in the development, operation, management or maintenance of Department IT systems under the contract, unless a waiver has been granted by the Head of the Component or designee, with the concurrence of both the Department's Chief Security Officer (CSO) and the Chief Information Officer (CIO) or their designees. Within DHS Headquarters, the waiver may be granted only with the approval of both the CSO and the CIO or their designees. In order for a waiver to be granted:

(1) There must be a compelling reason for using this individual as opposed to a U. S. citizen; and
(2) The waiver must be in the best interest of the Government.

(l) Contractors shall identify in their proposals the names and citizenship of all non-U.S. citizens proposed to work under the contract. Any additions or deletions of non-U.S. citizens after contract award shall also be reported to the Contracting Officer.

(End of Clause)

3052.212-70 Contract Terms and Conditions Applicable to DHS Acquisition of Commercial Items (SEP 2012)

The Contractor agrees to comply with any provision or clause that is incorporated herein by reference to implement agency policy applicable to acquisition of commercial items or components. The provision or clause in effect based on the applicable regulation cited on the date the solicitation is issued applies unless otherwise stated herein. The following-HSAR-

clauses are incorporated by reference:

__X__3052.204-71 Contractor Employee Access.
__X__Alternate I
__X__3052.205-70 Advertisement, Publicizing Awards, and Releases.
__X__Alternate I

____3052.209-73 Limitation on Future Contracting.
__X__3052.215-70 Key Personnel or Facilities.
____3052.216-71 Determination of Award Fee.
____3052.216-72 Performance Evaluation Plan.
____3052.216-73 Distribution of Award Fee.
____3052.217-91 Performance. (USCG)
____3052.217-92 Inspection and Manner of Doing Work. (USCG)
____3052.217-93 Subcontracts. (USCG)
____3052.217-94 Lay Days. (USCG)
____3052.217-95 Liability and Insurance. (USCG)
____3052.217-96 Title. (USCG)
____3052.217-97 Discharge of Liens. (USCG)
____3052.217-98 Delays. (USCG)
____3052.217-99 Department of Labor Safety and Health Regulations for Ship Repair (USCG)
____3052.217-100 Guarantee. (USCG)
__X__3052.219-70 Small Business Subcontracting Plan Reporting.
__X__3052.219-71 DHS Mentor Protégé Program.
__X__3052.219-72 Evaluation of Prime Contractor Participation in the DHS Mentor-Protégé Program
__X__3052.222-70 Strikes or Picketing Affecting Timely Completion of the Contract Work
__X__3052.222-71 Strikes or Picketing Affecting Access to a DHS Facility
____3052.228-70 Insurance.
____3052.228-90 Notification of Miller Act Payment Bond Protection. (USCG)
____3052.228-91 Loss of or Damage to Leased Aircraft. (USCG)
____3052.228-92 Fair Market Value of Aircraft. (USCG)
____3052.228-93 Risk and Indemnities. (USCG)
____3052.236-70 Special Provisions for Work at Operating Airports.
__X__3052.242-72 Contracting Officer's Technical Representative.
____3052.247-70 F.o.B. Origin Information.
____Alternate I
____Alternate II
____3052.247-71 F.o.B. Origin Only.
____3052.247-72 F.o.B. Destination Only.

(End of Clauses)

3052.215-70 Key Personnel or Facilities (Dec 2003)

(a) The personnel or facilities specified below are considered essential to the work being performed under this contract and may, with the consent of the contracting parties, be changed from time to time during the course of the contract by adding or deleting personnel or facilities, as appropriate.

(b) Before removing or replacing any of the specified individuals or facilities, the Contractor shall notify the Contracting Officer, in writing, before the change becomes effective. The Contractor shall submit sufficient information to support the proposed action and to enable the Contracting Officer to evaluate the potential impact of the change on this contract. The Contractor shall not remove or replace personnel or facilities until the Contracting Officer approves the change.

The Key Personnel or Facilities under this Contract: see (Staffing Plan and Key Personnel) and Section C (Performance Work Statement).

(End of Clause)

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[END OF SECTION I]

SECTION J:
LIST OF ATTACHMENTS

PWS Attachments	
Attachment 1:	G-391 Attachments
Attachment 2:	QASP Documents
Attachment 3:	IHSC National Formulary FY 2019
Attachment 4:	IHSC Form 067 Request for approval of non-formulary medications
Attachment 5:	IHSC Minimum Staffing Requirements Standards
Attachment 6:	IHSC Intake Screening Form
Attachment 7:	IHSC Sample Clinical Practice Guidelines
Attachment 8:	IHSC electronic Quality Medical Care (QMC) Audit tool
Attachment 9:	IHSC electronic Quality Medical Care (QMC) Incident Report
Attachment 10:	Requirements Traceable Matrix (RTM)
Attachment 11:	ICE Firearms Policy
Attachment 12:	ICE Body Armor Policy
Attachment 13:	Lyons Settlement Agreement
Attachment 14:	Franco Settlement Agreement
Attachment 15:	Screening ICE Detainees Health Form
Attachment 16:	PWS Addendum 1
Attachment 17:	Requirement C PWS Addendum
Attachment 18:	Section B Supplies or Services and Price Costs
Attachment 19:	Section C Performance Work Statement Dated 10-25-2019
Attachment 20:	Contract Clauses
Attachment 21:	Section K completed by Offeror
Attachment 22:	Contractor's Proposal dated 12/18/2019
Attachment 23:	ICE Design Standards for CDFs
Attachment 24:	Executive Office for Immigration Review (EOIR) Design Standards
Attachment 25:	Structure Cable Plant Standards
Attachment 26:	Health Design Standards
Attachment 27:	IHSC Design Standards Supplement
Attachment 28:	Wage Determination No. 2015-5603 Rev. 10 Date: 08/02/2019

Contract References	
Performance-Based National Detention Standards (PBNDS) 2011 w/2016 Revisions	http://www.ice.gov/detention-standards/2011/
American Correctional Association (ACA)	http://www.aca.org/

[END OF SECTION] -

ATTACHMENT 21

SECTION K:
REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS OR RESPONDENTS

Note: All information in this section of the solicitation is applicable to all awards for Requirements A, B, C and D

K1. PROVISIONS INCORPORATED BY REFERENCE

Number	Titles	DATE
52.225-25	Prohibition on Contracting with Entities Engaging in Certain Activities or Transactions Relating to Iran-Representation and Certification	Aug 2018

K2. PROVISIONS INCORPORATED IN FULL TEXT

52.204-24 Representation Regarding Certain Telecommunications and Video Surveillance Services or Equipment (Aug 2019)

(a) *Definitions.* As used in this provision—

"Covered telecommunications equipment or services", "Critical technology", and "Substantial or essential component" have the meanings provided in clause 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment.

(b) *Prohibition.* Section 889(a)(1)(A) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Pub. L. 115-232) prohibits the head of an executive agency on or after August 13, 2019, from procuring or obtaining, or extending or renewing a contract to procure or obtain, any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. Contractors are not prohibited from providing—

(1) A service that connects to the facilities of a third-party, such as backhaul, roaming, or interconnection arrangements; or

(2) Telecommunications equipment that cannot route or redirect user data traffic or permit visibility into any user data or packets that such equipment transmits or otherwise handles.

(c) *Representation.* The Offeror represents that—

It □ will, □ will not provide covered telecommunications equipment or services to the Government in the performance of any contract, subcontract or other contractual instrument resulting from this solicitation.

(d) *Disclosures.* If the Offeror has responded affirmatively to the representation in paragraph (c) of this provision, the Offeror shall provide the following information as part of the offer

(1) All covered telecommunications equipment and services offered (include brand; model number, such as original equipment manufacturer (OEM) number, manufacturer part number, or wholesaler number; and item description, as applicable);

(2) Explanation of the proposed use of covered telecommunications equipment and services and any factors relevant to determining if such use would be permissible under the prohibition in paragraph (b) of this provision;

(3) For services, the entity providing the covered telecommunications services (include entity name, unique entity identifier, and Commercial and Government Entity (CAGE) code, if known); and

(4) For equipment, the entity that produced the covered telecommunications equipment (include entity name, unique entity identifier, CAGE code, and whether the entity was the OEM or a distributor, if known).

(End of provision)

52.209-7 Information Regarding Responsibility Matters (Oct 2018)

(a) *Definitions.* As used in this provision—

"Administrative proceeding" means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (*e.g.*, Securities and Exchange Commission Administrative Proceedings, Civilian Board of Contract Appeals Proceedings, and Armed Services Board of Contract Appeals Proceedings). This includes administrative proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include agency actions such as contract audits, site visits, corrective plans, or inspection of deliverables.

"Federal contracts and grants with total value greater than $10,000,000" means—

(1) The total value of all current, active contracts and grants, including all priced options; and

(2) The total value of all current, active orders including all priced options under indefinite-delivery, indefinite-quantity, 8(a), or requirements contracts (including task and delivery and multiple-award Schedules).

"Principal" means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity (*e.g.*, general manager; plant manager; head of a division or business segment; and similar positions).

(b) The offeror ☑ has □ does not have current active Federal contracts and grants with total value greater than $10,000,000.

(c) If the offeror checked "has" in paragraph (b) of this provision, the offeror represents, by submission of this offer, that the information it has entered in the Federal Awardee Performance and Integrity Information System (FAPIIS) is current, accurate, and complete as of the date of submission of this offer with regard to the following information:

(1) Whether the offeror, and/or any of its principals, has or has not, within the last five years, in connection with the award to or performance by the offeror of a Federal contract or grant, been the subject of a proceeding, at the Federal or State level that resulted in any of the following dispositions:

(i) In a criminal proceeding, a conviction.

(ii) In a civil proceeding, a finding of fault and liability that results in the payment of a monetary fine, penalty, reimbursement, restitution, or damages of $5,000 or more.

(iii) In an administrative proceeding, a finding of fault and liability that results in–

(A) The payment of a monetary fine or penalty of $5,000 or more; or

(B) The payment of a reimbursement, restitution, or damages in excess of $100,000.

(iv) In a criminal, civil, or administrative proceeding, a disposition of the matter by consent or compromise with an acknowledgment of fault by the Contractor if the proceeding could have led to any of the outcomes specified in paragraphs (c)(1)(i), (c)(1)(ii), or (c)(1)(iii) of this provision.

(2) If the offeror has been involved in the last five years in any of the occurrences listed in (c)(1) of this provision, whether the offeror has provided the requested information with regard to each occurrence.

(d) The offeror shall post the information in paragraphs (c)(1)(i) through (c)(1)(iv) of this provision in FAPIIS as required through maintaining an active registration in the System for Award Management, which can be accessed via https://www.sam.gov (see 52.204-7).

(End of Provision)

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[END OF SECTION K]

ATTACHMENT 22

Proposal Submitted to:
United States Department of Homeland Security, U.S. Immigration and Customs Enforcement

Request for:
California Contract Detention Facilities, Solicitation Number 70CDCR20R00000002
FINAL CONFORMED PROPOSAL SUBMISSION- DECEMBER 19, 2019

REQUIREMENT C



Mesa Verde ICE Processing Center



Golden State Modified Community Correctional Facility



Central Valley Modified
Community Correctional Facility

VOLUME I: DEMONSTRATED MANAGEMENT/TECHNICAL CAPABILITIES

David J. Venturella
4955 Technology Way
Boca Raton, Florida 33431
Tel: 866.301.4436/561.893.0101
dventurella@geogroup.com

The GEO Group, Inc. ®

Proposal Submitted to:

United States Department of Homeland Security
U.S. Immigration and Customs Enforcement

Request for:

California Contract Detention Facilities

Solicitation Number: 70CDCR20R00000002

FINAL CONFORMED PROPOSAL SUBMISSION- DECEMBER 19, 2019

The GEO Group, Inc. ®

Table of Contents

Volume I - Demonstrated Technical/Management Capabilities

- **COVER LETTER - FINAL CONFORMED PROPOSAL SUBMISSION**

Transmittal Letter
- Executive Summary - Requirement C

I.1.A Technical Solution
Attachments:
- Mesa Verde IPC
  - Concept Design Narrative
  - Conceptual Drawings
- Central Valley MCCF
  - Concept Design Narrative
  - Conceptual Drawings
- Golden State MCCF
  - Concept Design Narrative
  - Conceptual Drawings

I.1.B Understanding the PWS
Attachments:
- Mesa Verde IPC
  - Staffing Plan
  - Deployment Plan
  - Organizational Chart
- Central Valley MCCF
  - Staffing Plan
  - Deployment Plan
  - Organizational Chart
- Golden State MCCF
  - Staffing Plan
  - Deployment Plan

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 573 of 1402

- Organizational Chart

I.1.C Management Plan

I.2 Quality Control Plan
Attachments:

- Sample Emergency Plan – Adelanto IPC
- Sample Communications Plan – Adelanto IPC

I.3 Transition Plan

I.4 Staffing Plan
Attachments:

- Mesa Verde IPC
  - Staffing Plan
  - Organizational Chart

- Central Valley MCCF
  - Staffing Plan
  - Organizational Chart

- Golden State MCCF
  - Staffing Plan
  - Organizational Chart

December 19, 2019

The GEO Group, Inc.®
Corporate Headquarters
4955 Technology Way
Boca Raton, Florida 33431

TEL: 561 893 0101
866 301 4436
www.geogroup.com

Abeer Saleh, Contracting Officer
ICE/Detention, Compliance and Removals
801 I Street NW Suite 930
Washington, DC 20536

Re: Solicitation Number: 70CDCR20R00000002 – REQUIREMENT C
Cover Letter – FINAL CONFORMED PROPOSAL SUBMISSION

Dear Ms. Saleh:

The GEO Group, Inc. (GEO) hereby submits our conformed Volume I - Demonstrated Technical/Management Capabilities and Volume III - Price Proposal responses as requested via email on December 18, 2019.

This letter is to confirm that this conformed submission contains all changes made and accepted by the Government during the negotiations process and as revised December 19, 2019.

Should you have any questions regarding our submission, please feel free to contact me at 866-301-4436, extension 7343, or via email at dventurella@geogroup.com, or Jennifer Houston, Executive Vice President, Proposal Development, at 866-301-4436, extension 7341, or via email at jhouston@geogroup.com.

Sincerely,
The GEO Group, Inc.

David J. Venturella
Senior Vice President, Client Relations

December 9, 2019

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4955 Technology Way
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866 301 4436
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Abeer Saleh, Contracting Officer
ICE/Detention, Compliance and Removals
801 I Street NW Suite 930
Washington, DC 20536

Re: Solicitation Number: 70CDCR20R00000002 – REQUIREMENT C
Cover Letter – FINAL PROPOSAL REVISION

Dear Ms. Saleh:

The GEO Group, Inc. (GEO) is pleased to submit our response to the request for Final Proposal Revisions for Contract Detention Facilities (CDFs) Detention and Transportation Services within the San Francisco AOR (referred to as "Requirement C"), received via email on December 5, 2019.

Proposed ICE Facilities for Requirement C

GEO's Proposal for Requirement C includes the following three (3) sites under a single contract (Mesa Verde Complex):

• Mesa Verde ICE Processing Center	400 beds
• Central Valley Annex	700 beds
• Golden State Annex	700 beds
	1,800 beds

Background Information

The Mesa Verde ICE Processing Center has been under contract with ICE since 2015. The Central Valley and Golden State Facilities were each added as an annex to the Mesa Verde ICE Processing Center contract on 9/20/19.

Contracts

GEO is revising its submission to propose a single contract for Requirement C to include the Mesa Verde ICE Processing Center with the Central Valley and Golden State Facilities as Annexes.

Facility Availability

The Mesa Verde ICE Processing Center is currently operational under an existing ICE contract and is immediately available for continued operations under a new contract.

Pursuant to the Discussion on December 4, 2019, between GEO and ICE, the Central Valley and Golden State Annexes will require approximately an 8-month Operating Transition Period ahead of initial detainee intake.

Organization of Final Proposal Revision

In accordance with the instructions of the FPR request, GEO has only included documents that have been changed from our original Proposal Submission. Those documents that have been revised/replaced are noted below, with the Attachment number assigned for this FPR submission following each item in parentheses:

- **Requirement C - Volume I - Demonstrated Technical/Management Capabilities**

  Transmittal Letter (Attachment 1)

  Executive Summary – Requirement C (Attachment 2)
    - Mesa Verde IPC - Concept Design Narratives (Attachment 3.a)
    - Central Valley Annex - Concept Design Narrative (Attachment 3.b)
    - Golden State Annex - Concept Design Narrative (Attachment 3.c)

  I.1.B Understanding the PWS (Attachment 4)
    - Mesa Verde IPC
      - Staffing Plan (See Attachment 8.a)
      - Organizational Chart (See Attachment 8.b)
    - Central Valley Annex
      - Staffing Plan (See Attachment 8.c)
      - Organizational Chart (See Attachment 8.d)
    - Golden State Annex
      - Staffing Plan (See Attachment 8.e)
      - Organizational Chart (See Attachment 8.f)

  I.1.C Management Plan (Attachment 5)

  I.2 Quality Control Plan (Attachment 6)

  I.3 Transition Plan (Attachment 7)

  I.4 Staffing Plan (Attachment 8)
    - Mesa Verde IPC

      Staffing Plan (Attachment 8.a)

      Organizational Chart (Attachment 8.b)
    - Central Valley Annex

      Staffing Plan (Attachment 8.c)

      Organizational Chart (Attachment 8.d)
    - Golden State Annex

      Staffing Plan (See Attachment 8.e)

      Organizational Chart (See Attachment 8.f)

- **Requirement C - Volume III - Price Proposal**

  Executive Summary – Requirement C (See Attachment 2)
  Pricing Introduction Narrative (Attachment 9)
  SF 33 – Mesa Verde Complex (Attachment 9.a)
  Section B: CLINs – Attachment 13 (Attachment 9.b)
  - Mesa Verde IPC - Attachment 14 (Attachment 9.c)
  - Central Valley - Attachment 14 (Attachment 9.d)
  - Golden State – Attachment 14 (Attachment 9.e)

- **Requirement C - Volume II – Past Performance**
  NO CHANGES

- **Requirement C - Volume IV - Environmental**
  NO CHANGES

In accordance with the instructions for submission of the FPR, changes to our technical proposal narratives are identified. Items shown in red text have been updated to reflect changes resulting from discussions, clarifications, and PWS Addendum 1 provided by the Government on December 5, 2019. Items shown in blue strikethrough are deleted from the proposal submission. Items shown in black are unchanged.

As required by Item 10 of the FPR instructions, a list of changes made since the original proposal was submitted is attached. Please note, the Transmittal Letter, Executive Summary, and Pricing documents have been replaced in their entirety. The Pricing Introduction Narrative (FPR Attachment 9) addresses changes to our Cost Proposal.

To avoid redundancy, GEO is providing one copy of those attachments that are provided in more than one location of our submission. The staffing plan and organizational charts provided as Attachments 8.a - 8.f in Section I.4 Staffing Plan, are the same as those listed under "I.1.B Understanding the PWS". The Executive Summary listed in the Price Proposal is the same as that provided as Attachment 2.

Should you have any questions regarding our submission, please feel free to contact me at 866-301-4436, extension 7343, or via email at dventurella@geogroup.com, or Jennifer Houston, Executive Vice President, Proposal Development, at 866-301-4436, extension 7341, or via email at jhouston@geogroup.com.

Sincerely,
The GEO Group, Inc.

David J. Venturella
Senior Vice President, Client Relations

Executive Summary - Requirement C

REQUIREMENT C
MESA VERDE ICE PROCESSING CENTER
AND CENTRAL VALLEY AND GOLDEN STATE ANNEXS

FINAL PROPOSAL REVISION
EXECUTIVE SUMMARY

Facility Location

- **GEO is proposing the continued management and operation of the Mesa Verde ICE Processing Center, located in Bakersfield, California.**

- **GEO is also proposing the Central Valley and Golden State facilities as Annexes to the Mesa Verde IPC. Central Valley and Golden State would be established as separate CLINs under the Mesa Verde IPC contract.**

Facility Availability

- **Mesa Verde IPC - Immediate occupancy.**

- **The Central Valley and Golden State facilities were incorporated as annexes to the Mesa Verde ICE Processing Center contract September 20, 2019. The facilities are immediately available for ICE Operational Transition, with initial detainee intake in approximately 8 months from contract execution.**

Mesa Verde Facility Physical Plant

- **The facility has a general population capacity of 400 beds, is comprised of 53,000 square feet, and is a non-secure facility.**

- **The modern facility is air-conditioned throughout and has one artificial turf soccer field for males, and a separate artificial turf recreation area for females.**

- **Resident amenities include flat screen TV's in housing areas, indoor hobby crafts, volunteer programming, and faith-based services.**

- **The facility's physical plant meets all mandatory requirements of the American Correctional Association.**

- **Dedicated ICE/ERO/OPLA space including 3 courtrooms.**

- **Adjacent GEO property available for future ICE office space.**

- **Mesa Verde is a non-secure facility with no perimeter patrol.**

Central Valley Annex Physical Plant

- **The facility has a general population capacity of 700 beds, is comprised of 97,000 square feet.**
- **The modern facility is air-conditioned throughout and is planned to have 2 artificial turf soccer fields.**
- **Resident amenities include flat screen TV's in housing areas, indoor hobby crafts, volunteer programming, and faith-based services.**
- **The facility's physical plant meets all mandatory requirements of the American Correctional Association.**

Golden State Annex Physical Plant

- **The facility has a general population capacity of 700 beds, is comprised of 97,000 square feet.**
- **The modern facility is air-conditioned throughout and is planned to have 2 artificial turf soccer fields.**
- **Resident amenities include flat screen TV's in housing areas, indoor hobby crafts, volunteer programming, and faith-based services.**
- **The facility's physical plant meets all mandatory requirements of the American Correctional Association.**

Facility Operational Accreditations/Certifications

- **2011 Performance Based National Detention Standards (PBNDS)**
- **National Commission on Correctional Health Care (NCCHC)**
- **Prison Rape Elimination Act (PREA)**
- **American Correctional Association (ACA)**

Mesa Verde Facility Staffing

- **130.5 total staffing**
- **77.4 security staffing**
- **24.1 healthcare staffing (contracted)**

Central Valley Annex Staffing

- **200.8 total staffing**
- **132.0 security staffing**
- **27.8 healthcare staffing (contracted)**

Facility Staffing

- **200.8 total staffing**
- **132.0 security staffing**
- **27.8 healthcare staffing (contracted)**

Mesa Verde Complex Pricing Assumptions

- **GEO's Final Proposal Revision reflects pricing for each year within the 5-year Base, and within each subsequent year of the two 5-year Option Periods of the 15-year contract term, for the Mesa Verde ICE Processing Center and Central Valley and Golden State Annexes.**
- **Employee compensation consistent with most recent DOL wage determinations.**
- **Includes use/maintenance/repair of Mesa Verde Facility having a replacement value in excess of $40 million.**
- **Includes use/maintenance/repair of Central Valley Facility having a replacement value in excess of $70 million.**
- **Includes use/maintenance/repair of Golden State Facility having a replacement value in excess of $70 million.**
- **Implementing Electronic Health Records.**
- **Proposed Requirement C Surge/Facility Upgrades have been established with a $5 million placeholder for each 5-year period, at each site, pursuant to the December 9, 2019 directions from ICE. Implementation of Requirement C Surge/Facility Upgrades will occur only following final ICE design and cost review/approval.**

I.1.A - Technical Solution

I. Demonstrated Technical/Management Capabilities
1. Technical Management Approach
A. TECHNICAL SOLUTION

GEO's technical solution for this Requirement involves the use of existing Processing Centers. The design of each Center proposed under this Requirement and its compliance with requirements of the PWS, RFP, and applicable design standards has been described in the site-specific attachments which follow this section. Each Center is proposed as a stand-alone facility, under separate contract.

GEO is not proposing expansion construction in response to this solicitation. Renovations and Processing Center updates are proposed as described in the site-specific attachments. The locations included in this proposal are presented to the Government for consideration as-is to the greatest extent possible, in their current form with the improvements outlined in the site-specific attachments.

The site-specific attachments identify the administrative areas, housing units, parking, programming, and other support spaces within the Center. Existing functional use of spaces will be reallocated as needed within the Center to align with the requirements of the PWS.

Please See Requirement C Site-Specific PWS Addendum:

Mesa Verde ICE Processing Center
Central Valley Modified Community Correctional Facility
Golden State Valley Modified Community Correctional Facility
– attached

Mesa Verde ICE Processing Center

I. Demonstrated Technical/Management Capabilities
1. Technical Management Approach
A. TECHNICAL SOLUTION

SITE-SPECIFIC OVERVIEW:
MESA VERDE
ICE PROCESSING CENTER

GEO is proposing the use of our Mesa Verde ICE Processing Center. Mesa Verde is currently being operated under a direct contract between GEO and ICE. The Facility is located in close proximity to the Bakersfield ICE Field Office.

Site Address: 425 Golden State Ave., Bakersfield, CA 93301

Mesa Verde is an approximately 53,000 sq. ft. facility renovated in 2015 for ICE. The Facility is designed to house up to 400 adult male and female general population ICE detainees classified as High (Level 3), Medium High (Level 2), Medium Low (Level 1.5), and Minimum (Level 1) security.

Mesa Verde's physical plant design consists of the following:

- 400 general population beds in a total of 4 housing units
  - 100 beds per dormitory housing unit
- Secure processing area to include a holding room for at least 8 detainees, separated in small holding rooms
- Library
- Multipurpose Rooms
- Outdoor turfed soccer fields, shaded pavilions, and shaded restroom facilities
- One Office for Government Staff
- Three video teleconferencing courtrooms for EOIR
- Approximately 94 parking spaces
- Ample outdoor recreation space for male and female population

The proposed Facility's design drawings are provided as attachments to this section.

Please see Facility Drawings: Mesa Verde – attached

Parking Availability (Clarification)
A total of 71 secured/on-site parking spaces with controlled ingress and egress for the Mesa Verde ICE Processing Center and its two annexes, used exclusively for

Government employees (ICE employees) can be provided. In addition, 13 ICE visitor parking spaces can be provided.

As agreed in the Discussions Meeting between GEO and ICE on December 4, 2019, this item is subject to final review and negotiations, following contract award. In the event the government chooses not to move forward with this facility upgrade to meet the RFP design requirements, the applicable requirement will be waived.

Environmental Compliance

GEO initiated an Environmental Study on the site. The Environmental Assessment (EA) was completed on October 25, 2019 and reflects current site development. The EA found no adverse impacts. GEO anticipates that the completion of the EA eliminates the need for a full NEPA assessment, allowing ICE to initiate the Finding of No Significant Impact (FONSI) action. The completed EA is provided as Volume IV – Environmental Assessment of this response. GEO will employ all practical means to minimize any potential adverse impacts on the human and natural environment that may occur during the operation of the detention facility.

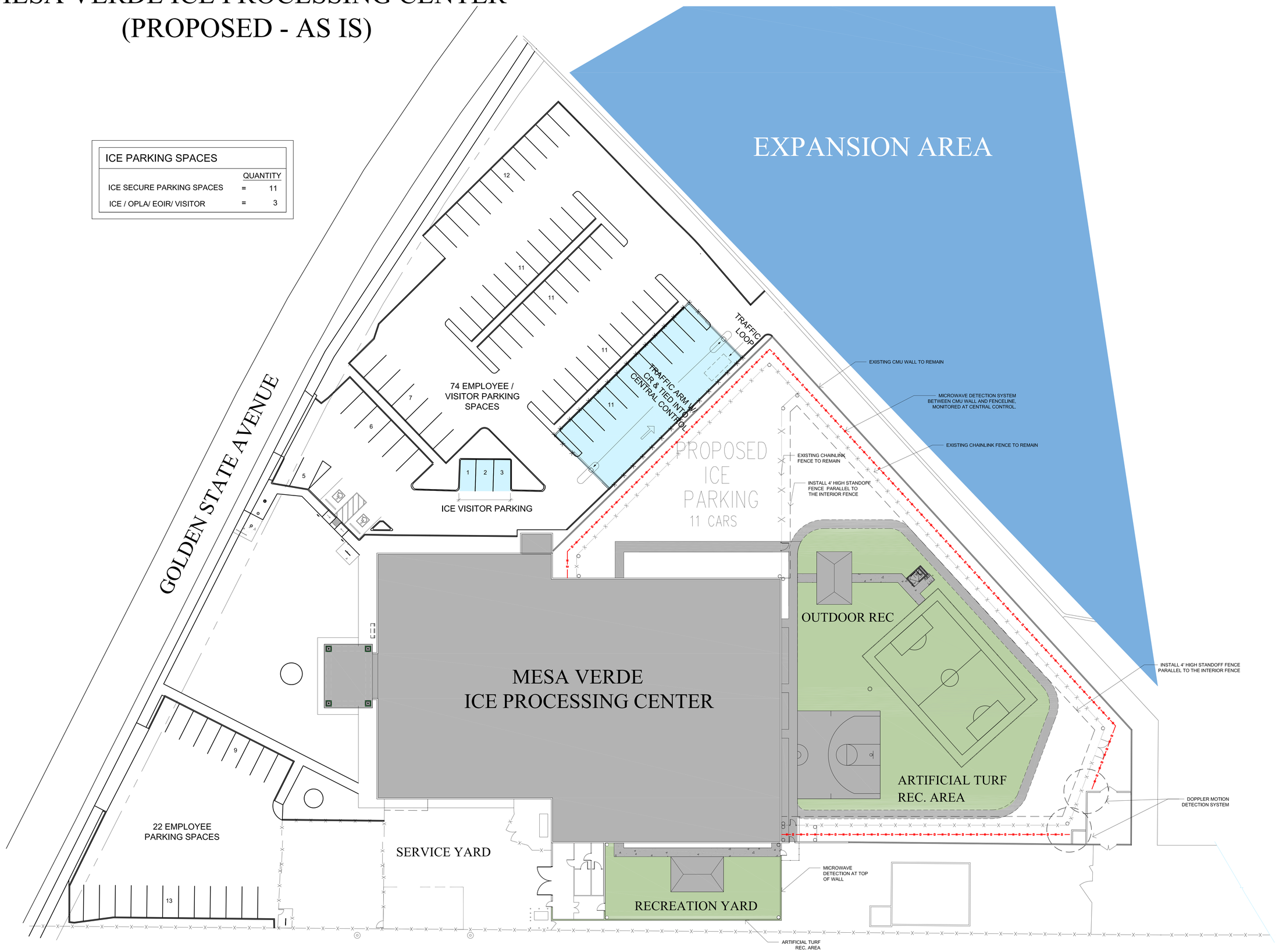
~~For ease of review, GEO has included an outline of the Facility aligned with the estimation of space requirements provided by ICE in the PWS Addendum for facilities being proposed under Requirement C.~~

~~***Please See Requirement C PWS Addendum: Mesa Verde – attached***~~

Conceptual Drawings

MESA VERDE ICE PROCESSING CENTER
(PROPOSED - AS IS)

ICE PARKING SPACES		QUANTITY
ICE SECURE PARKING SPACES	=	11
ICE / OPLA/ EOIR/ VISITOR	=	3



NORTH

SITE PLAN
0 20' 40'
1"=20'-0"

PROJECT TITLE/ LOCATION
MESA VERDE ICE PROCESSING CENTER
BAKERSFIELD, CA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
4955 TECHNOLOGY WAY
BOCA RATON , FLORIDA 33431

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ARCHITECTS AND ENGINEERS

DESIGN/BUILDER

KEY PLAN

PROFESSIONAL SEALS

NO.	ISSUE DESCRIPTION	DATE
1.	ICE RFP SUBMISSION	10-31-19
2.	RESPONSE TO ICE	12-2-19
3.		
4.		
5.		
6.		
7.		
8.		

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

SITE PLAN
- REVISED

Original drawing is 30" x 42". Scale entities accordingly if reduced.

SHEET NUMBER:

A-1

MESA VERDE ICE PROCESSING CENTER
(PROPOSED - AS IS)

PARKING SPACES		QUANTITY
ICE SECURE PARKING SPACES	=	0
GENERAL PARKING SPACES	=	99
TOTAL PARKING SPACES	=	99
SECURE VEHICLE PARKING SPACES	=	0

EXPANSION AREA

GOLDEN STATE AVENUE

74 EMPLOYEE / VISITOR PARKING SPACES

12
11
11
11
11
7
6
5
3

22 EMPLOYEE PARKING SPACES

9
13

MESA VERDE
ICE PROCESSING CENTER

SERVICE YARD

OUTDOOR REC

ARTIFICIAL TURF
REC. AREA

RECREATION YARD

EXISTING CMU WALL TO REMAIN

MICROWAVE DETECTION SYSTEM BETWEEN CMU WALL AND FENCELINE, MONITORED AT CENTRAL CONTROL.

EXISTING CHAINLINK FENCE TO REMAIN

EXISTING CHAINLINK FENCE TO REMAIN

INSTALL 4' HIGH STANDOFF FENCE PARALLEL TO THE INTERIOR FENCE

INSTALL 4' HIGH STANDOFF FENCE PARALLEL TO THE INTERIOR FENCE

DOPPLER MOTION DETECTION SYSTEM

MICROWAVE DETECTION AT TOP OF WALL

ARTIFICIAL TURF REC. AREA

NORTH

SITE PLAN

0 20' 40'

1"=20'-0"

PROJECT TITLE/ LOCATION

MESA VERDE ICE PROCESSING CENTER
BAKERSFIELD, CA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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REVISION	DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

SITE PLAN

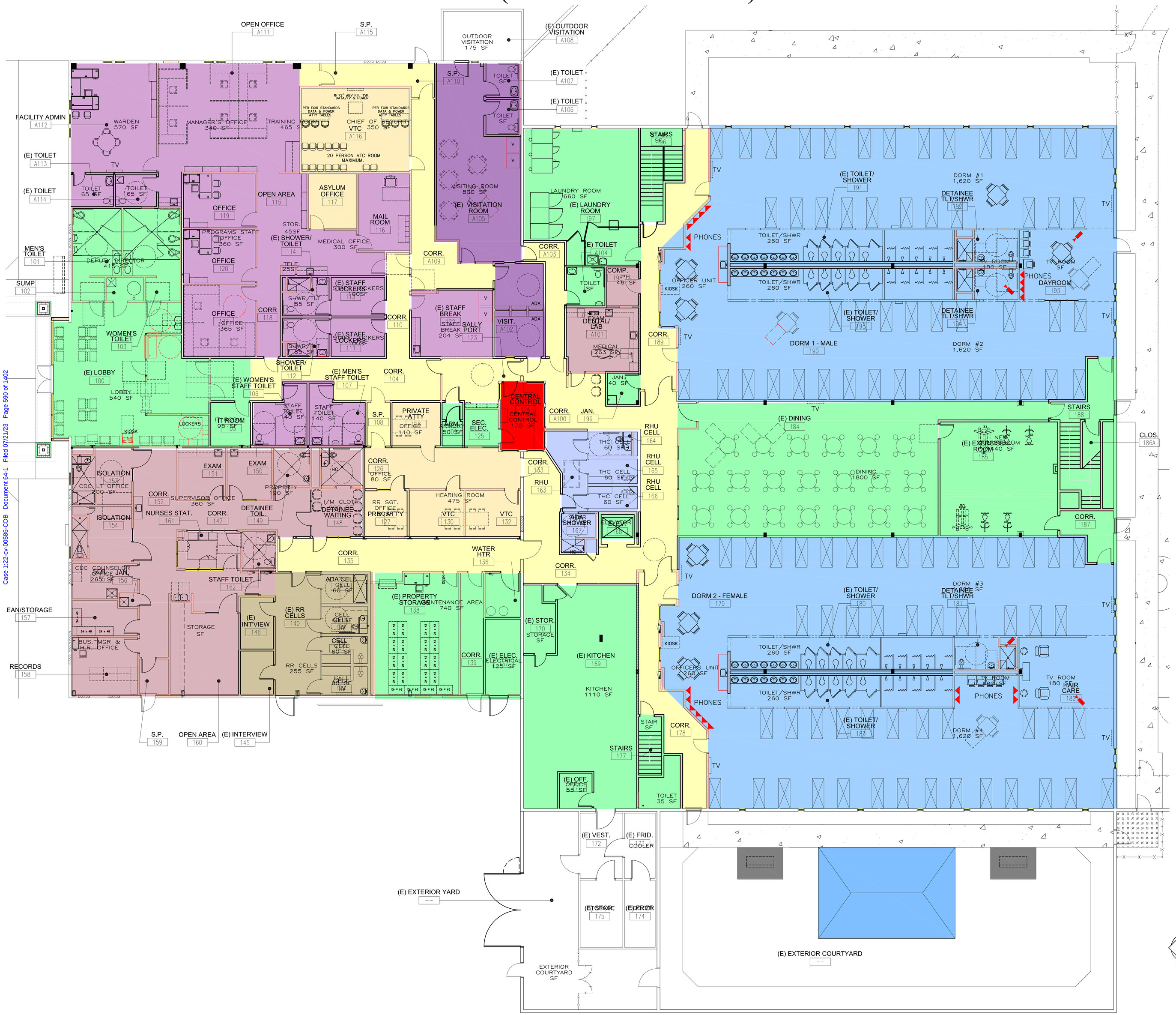
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SHEET NUMBER:

A-1

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 589 of 1402

MESA VERDE ICE PROCESSING CENTER
(PROPOSED - AS IS)



FACILITY COLOR LEGEND

- ICE/VTC
- GEO AREA
- SUPPORT AREAS
- CORRIDOR AREA
- HOUSING AREAS
- PROGRAMS AREA
- INTAKE AREA
- VISITATION AREA
- CENTRAL & HOUSING CONTROL
- MEDICAL
- SPECIAL MGT UNIT

FACILITY AREA BREAKDOWN

	SQ FEET
FIRST FLOOR	33,580 S.F.
SECOND FLOOR	16,860 S.F.
TOTAL FACILITY AREA	50,440 S.F.

SUPPORT BUILDINGS AREA BREAKDOWN

MEDICAL	3,540 S.F.
ADMINISTRATION	4,426 S.F.
TEMPORARY HOLDING CELLS	390 S.F.
VISITATION	1,020 S.F.
INTAKE	686 S.F.
SUPPORT	13,510 S.F.
HOUSING	21,391 S.F.
CENTRAL CONTROL	133 S.F.
COURTS	2,718 S.F.

BED COUNT BREAKDOWN

	BEDS
DORMITORY #1	100
DORMITORY #2	100
DORMITORY #3	100
DORMITORY #4	100
TOTAL BEDS	400

DAYROOM SPACE TABLE

	S.F.
FIRST FLOOR	
DORMITORY #1	1,175
DORMITORY #2	1,036
DINING / DAYROOM	1,645
SECOND FLOOR	
DORMITORY #3	1,358
DORMITORY #4	1,311
DINING / DAYROOM	1,636
TOTAL SQUARE FOOTAGE	8,161

DETAINEE PHONE

NORTH

FIRST FLOOR PLAN 1/8"=1'-0"

PROJECT TITLE/ LOCATION

MESA VERDE ICE PROCESSING CENTER BAKERSFIELD, CA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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7.		
8.		

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

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FIRST FLOOR PLAN

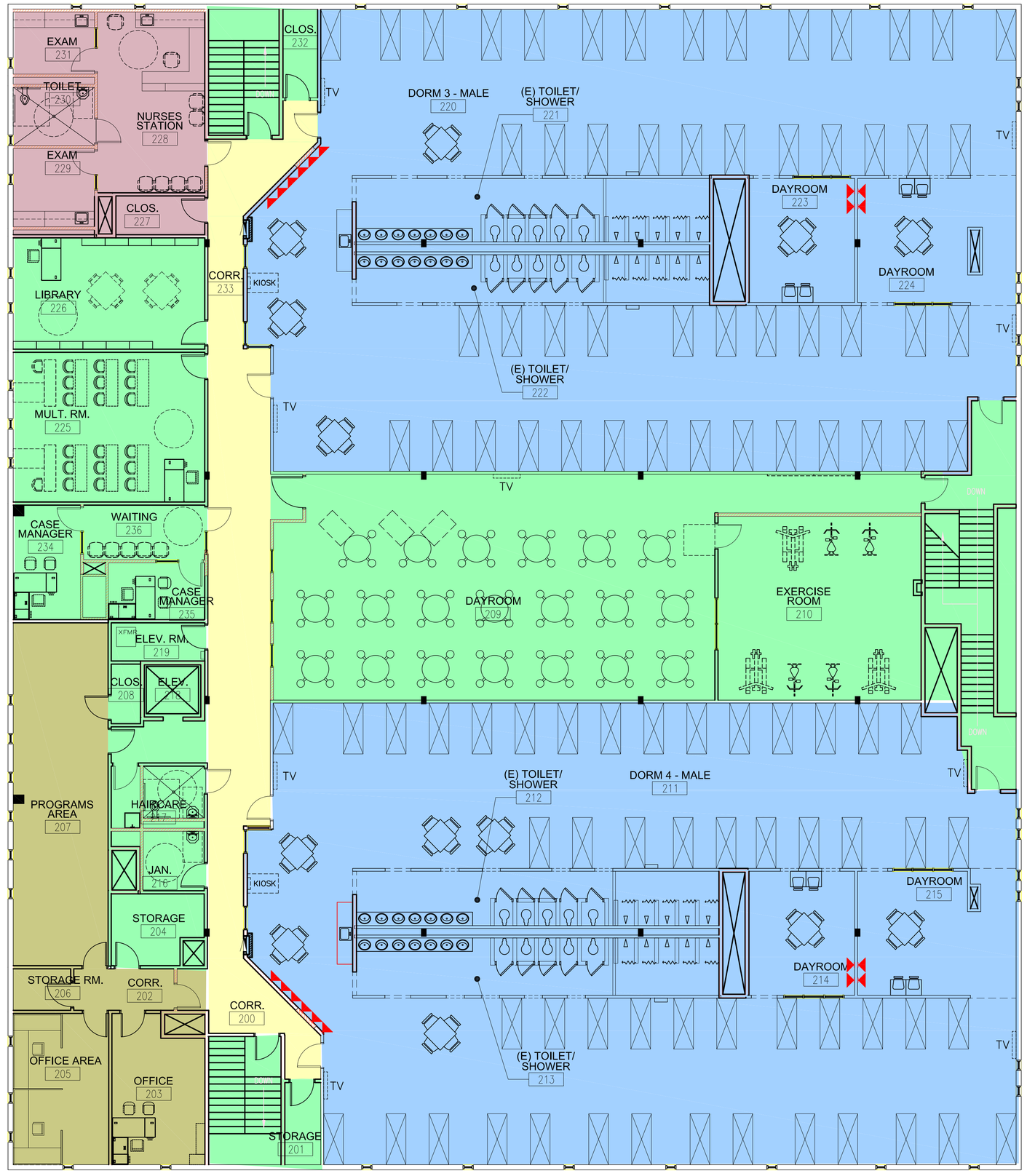
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SHEET NUMBER:

A-2

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 590 of 1402

MESA VERDE ICE PROCESSING CENTER
(PROPOSED AS - IS)



FACILITY COLOR LEGEND

ICE/VTC	
GEO AREA	
SUPPORT AREAS	
CORRIDOR AREA	
HOUSING AREAS	
PROGRAMS AREA	
INTAKE AREA	
VISITATION AREA	
CENTRAL & HOUSING CONTROL	
MEDICAL	
SPECIAL MGT UNIT	

FACILITY AREA BREAKDOWN

	SQ FEET
FIRST FLOOR	33,580 S.F.
SECOND FLOOR	16,860 S.F.
TOTAL FACILITY AREA	50,440 S.F.

SUPPORT BUILDINGS AREA BREAKDOWN

MEDICAL	3,540 S.F.
ADMINISTRATION	4,426 S.F.
TEMPORARY HOLDING CELLS	390 S.F.
VISITATION	1,020 S.F.
INTAKE	686 S.F.
SUPPORT	13,510 S.F.
HOUSING	21,391 S.F.
CENTRAL CONTROL	133 S.F.
COURTS	2,718 S.F.

BED COUNT BREAKDOWN

	BEDS
DORMITORY #1	100
DORMITORY #2	100
DORMITORY #3	100
DORMITORY #4	100
TOTAL BEDS	400

DAYROOM SPACE TABLE

FIRST FLOOR	S.F.
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DORMITORY #2	1,036
DINING / DAYROOM	1,645
SECOND FLOOR	S.F.
DORMITORY #3	1,358
DORMITORY #4	1,311
DINING / DAYROOM	1,636
TOTAL SQUARE FOOTAGE	8,161

DETAINEE PHONE

NORTH

SECOND FLOOR PLAN

0 4' 8' 16'

1/8"=1'-0"

PROJECT TITLE/ LOCATION

MESA VERDE
ICE PROCESSING CENTER
BAKERSFIELD, CA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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PROJECT NO:

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SECOND FLOOR PLAN

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SHEET NUMBER:

A-3

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 591 of 1402

Central Valley Modified Community Correctional Facility

I. Demonstrated Technical/Management Capabilities
1. Technical Management Approach
A. TECHNICAL SOLUTION

SITE-SPECIFIC OVERVIEW:
CENTRAL VALLEY MODIFIED
COMMUNITY CORRECTIONAL FACILITY

GEO is proposing the use of our Central Valley Modified Community Correctional Facility. The Central Valley Facility was most recently operated under contract with the California Department of Corrections and Rehabilitation (CDCR). The Facility is co-located with the Golden State Modified Community Correctional Facility (also proposed under Requirement C), which provides for consolidation benefits.

Site Address: 254 Taylor Ave., McFarland, CA 93250

The Central Valley Facility is an approximately 97,000 sq. ft. and was built in 1997. The Facility is designed to house up to 700 adult male general population ICE detainees classified as High (Level 3), Medium High (Level 2), Medium Low (Level 1.5), and Minimum (Level 1) security. GEO's proposed facility design consists of the following:

- 700 general population beds in a total of 8 housing units
  - 87-88 beds per dormitory housing unit
- A cafeteria-style dining room
- Library
- Multipurpose Rooms
- Administrative office/support space for 23 Government staff, 18 offices and 5 cubicles
  - Repurposed area for Office of the Principal Legal Advisor (OPLA) areas
  - Repurposed area for Executive Office of Immigration Review (EOIR) areas
  - Administrative office/support space for ICE enforcement staff for 16 employees
- Three VTC courtrooms with video teleconferencing capabilities for EOIR
- Approximately 121 parking spaces
- Ample outdoor recreation space

Proposed Renovations
In response to this Requirement, GEO is proposing renovations to the Facility which will include the modifications listed below:

- ICE processing and administrative office areas
- Secure processing area to include a holding room for at least 66 detainees, separated in large and small holding rooms
- Chapel
- Outdoor turfed soccer fields, shaded pavilions and shaded restroom facilities
- Medical facilities, including a 4-bed infirmary
- Mental Health Counseling Office

The proposed Facility's design drawings, including depictions of the areas proposed for renovation, are provided as attachments to this section.

As agreed in the Discussions Meeting between GEO and ICE on December 4, 2019, this item is subject to final review and negotiations, following contract award. In the event the government chooses not to move forward with this facility upgrade to meet the RFP design requirements, the applicable requirement will be waived.

Please see Facility Drawings: Central Valley – attached

Parking Availability (Clarification)
A total of 71 secured/on-site parking spaces with controlled ingress and egress for the Mesa Verde ICE Processing Center and its two annexes, used exclusively for Government employees (ICE employees) can be provided. In addition, 13 ICE visitor parking spaces can be provided.

As agreed in the Discussions Meeting between GEO and ICE on December 4, 2019, this item is subject to final review and negotiations, following contract award. In the event the government chooses not to move forward with this facility upgrade to meet the RFP design requirements, the applicable requirement will be waived.

Facility Availability
GEO requests a waiver of the 60-day transition period for the 700 beds proposed at the Central Valley Facility. Operation of the currently idle Central Valley Facility under the ICE contract will commence immediately upon contract award, beginning with the implementation of the Operations Transition Period. GEO estimates the full Operations Transition Period, as detailed, below, will take approximately 8 months and requests a waiver for this period of time. Detainee housing is expected to begin at the Central Valley Facility by mid-2020.

We request a waiver of the 60-day Transition Period by substituting the following:

The full Operations Transition Period includes two phases: 1) 6-Month Pre-Transition Mobilization and 2) 60-Day Transition. Revised pricing assumes an August 20, 2020 detainee intake.

Pre-Transition Mobilization Phase (6 months):
Immediately upon contract award by ICE, GEO will establish the Operations Transition Team. This team will be on-site, overseeing all operational activities during the full Operations Transition Period (OTP). During the Pre-Transition Mobilization Phase of the OTP, these activities will include:

- Conducting Post-award Kick-off teleconference, tentatively scheduled for December 21, 2019
- Beginning bi-weekly and/or monthly Progress Update Meetings with ICE
- Coordinating on-site surveys and needs analysis with representatives from ICE, EOIR, IHSC, and OPLA
- Implementing SORN approval process
- Implementing Virtual Attorney Visitation capability
- Finalizing facility reconfiguration plans following ICE on-site surveys
- Ordering/repositioning of FF&E and vehicles
- Conducting recruitment events (i.e. job fairs, employee interviews)
- Screening of employment applicants and federal background clearance checks
- Completing facility reconfiguration
- Updating standard operating procedures in accordance with federal contract
- Submitting facility policies and procedures for final approval
- Submitting Notice to ICE to begin the 60-Day Transition Period

As agreed in the Discussions Meeting between GEO and ICE on December 4, 2019, GEO will invoice the government during the Pre-transition Mobilization Phase as priced in our Final Proposal Revision.

60-day Transition Period Phase (2 months):
During this second phase of the Operations Transition Period, GEO's Operations Transition Team will oversee:

- Onboarding of facility staff
- Completion of all staff training
- Vehicle assessments
- Installation of all remaining FF&E

- Facility readiness reviews
- Finalization of detainee transfer plan to begin housing detainees in the facility
- Detainee transfers into the facility at the end of the Transition Period phase

During the 60-Day Transition Period Phase, GEO will invoice the Government as priced in our Final Proposal Revision.

Environmental Compliance

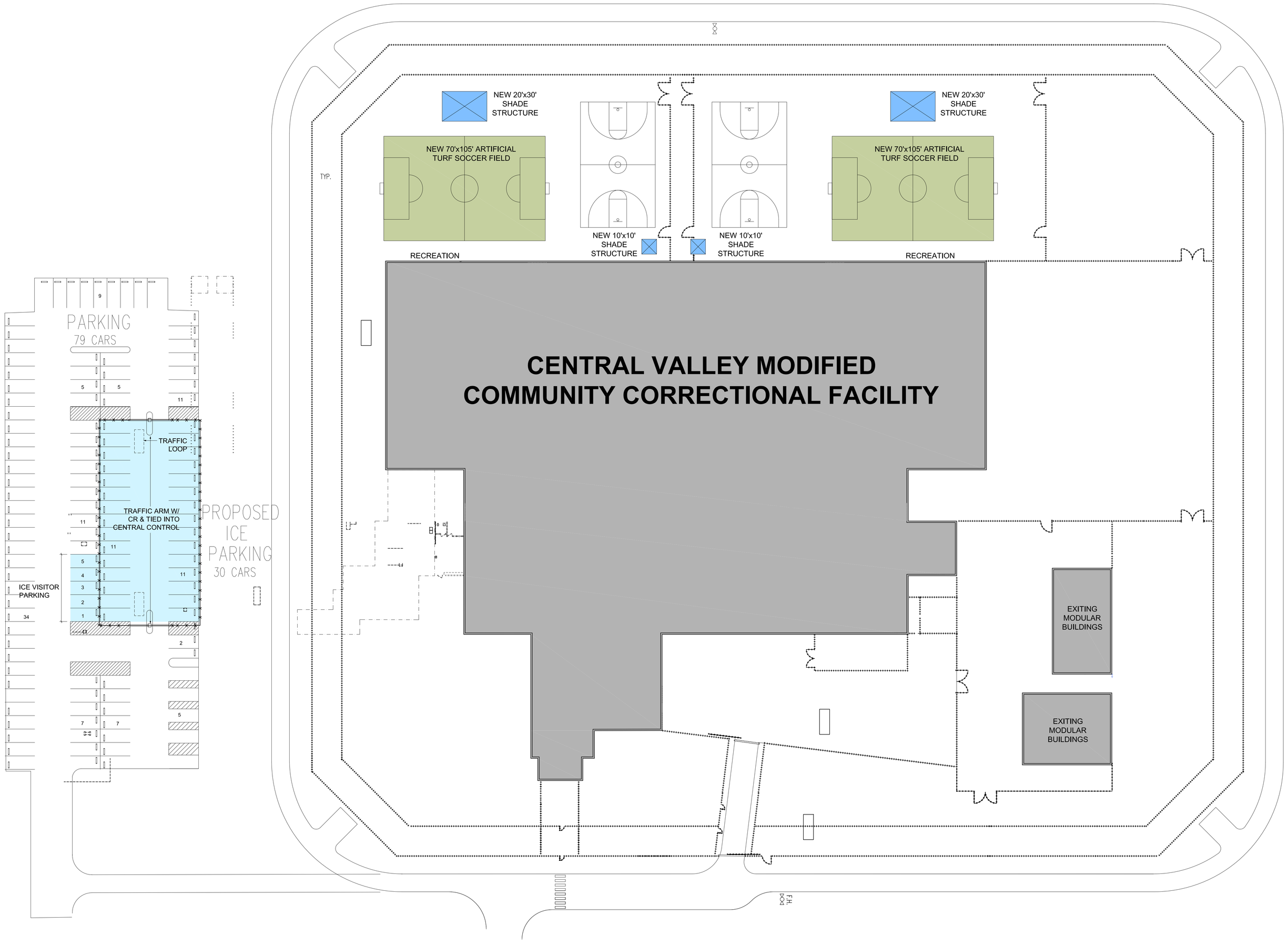
GEO initiated an Environmental Study on the site. The Environmental Assessment (EA) was completed on October 25, 2019 and reflects current site development. The EA found no adverse impacts. GEO anticipates that the completion of the EA eliminates the need for a full NEPA assessment, allowing ICE to initiate the Finding of No Significant Impact (FONSI) action. The completed EA is provided as Volume IV – Environmental Assessment of this response. GEO will employ all practical means to minimize any potential adverse impacts on the human and natural environment that may occur during the operation of the detention facility.

~~For ease of review, GEO has included an outline of the Facility aligned with the estimation of space requirements provided by ICE in the PWS Addendum for facilities being proposed under Requirement C.~~

~~***Please See Requirement C PWS Addendum: Central Valley – attached***~~

Conceptual Drawings

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY (PROPOSED - AS MODIFIED)



PROPOSED FACILITY PLAN

1"=30'-0"

ICE PARKING SPACES		
		QUANTITY
ICE SECURE PARKING SPACES	=	30
ICE / OPLA/ EOIR/ VISITOR	=	5

BED COUNT BREAKDOWN	
	BEDS
HOUSING BUILDING #1	350
HOUSING BUILDING #2	350
TOTAL BEDS	700

FACILITY AREA BREAKDOWN	
	SQ FEET
SUPPORT BUILDINGS	39,761 S.F.
HOUSING BUILDINGS (EACH BLDG @ 28,153 S.F.)	56,306 S.F.
EXISTING FACILITY AREA	96,067 S.F.
RENOVATED AREA	... S.F.

PROJECT TITLE/ LOCATION

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
4955 TECHNOLOGY WAY
BOCA RATON , FLORIDA 33431

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ARCHITECTS AND ENGINEERS

DESIGN/BUILDER

KEY PLAN

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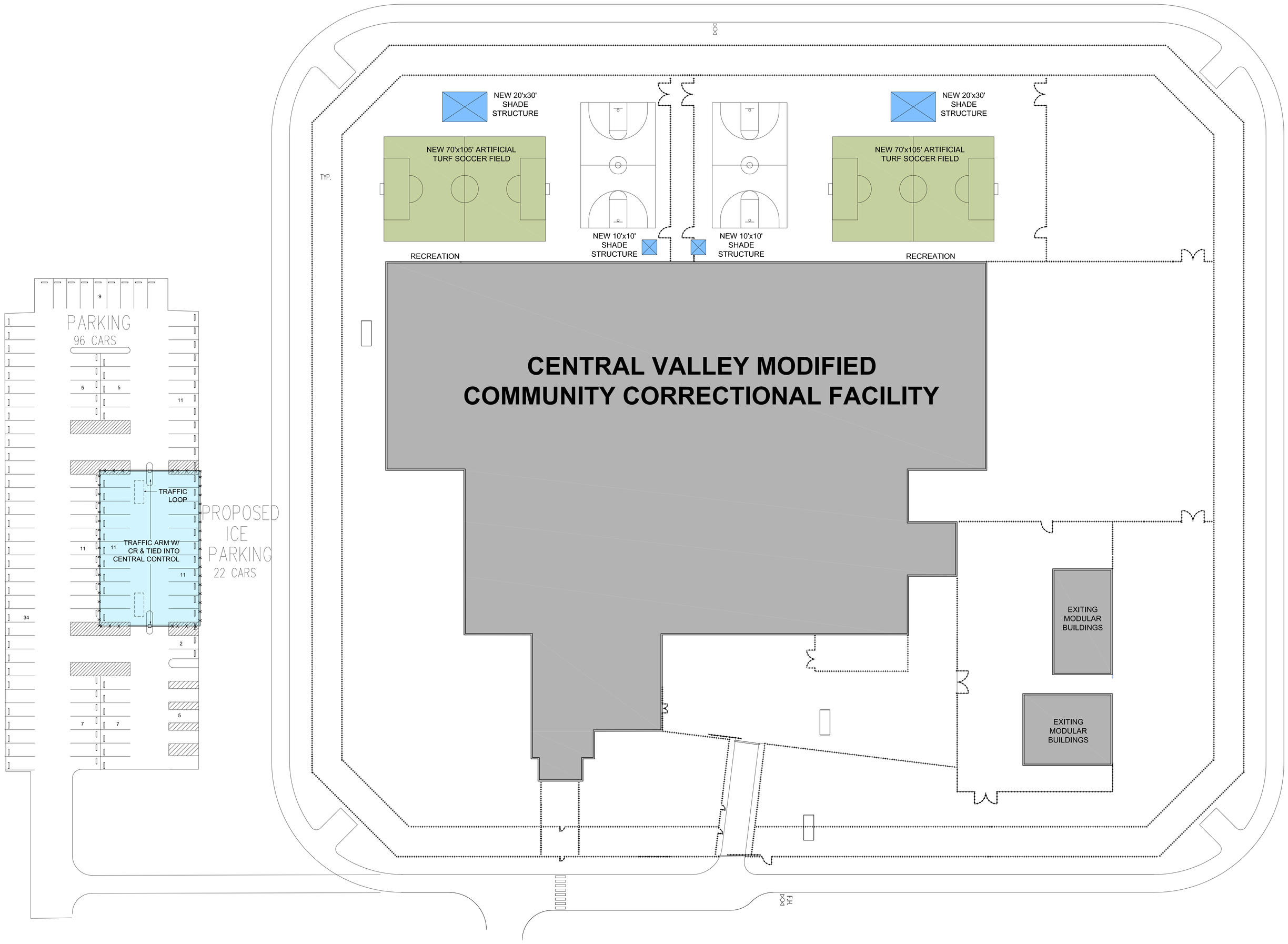
PROPOSED FACILITY PLAN - REVISED

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

A-1

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY (PROPOSED - AS MODIFIED)



NORTH

PROPOSED FACILITY PLAN

0 30' 60'

1"=30'-0"

PARKING SPACES		
		QUANTITY
ICE SECURE PARKING SPACES	=	22
GENERAL PARKING SPACES	=	96
TOTAL PARKING SPACES	=	118
SECURE VEHICLE PARKING SPACES	=	0

BED COUNT BREAKDOWN	
	BEDS
HOUSING BUILDING #1	350
HOUSING BUILDING #2	350
TOTAL BEDS	700

FACILITY AREA BREAKDOWN	
	SQ FEET
SUPPORT BUILDINGS	39,761 S.F.
HOUSING BUILDINGS (EACH BLDG @ 28,153 S.F.)	56,306 S.F.
EXISTING FACILITY AREA	96,067 S.F.
RENOVATED AREA	... S.F.

PROJECT TITLE/ LOCATION

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
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PROPOSED FACILITY PLAN

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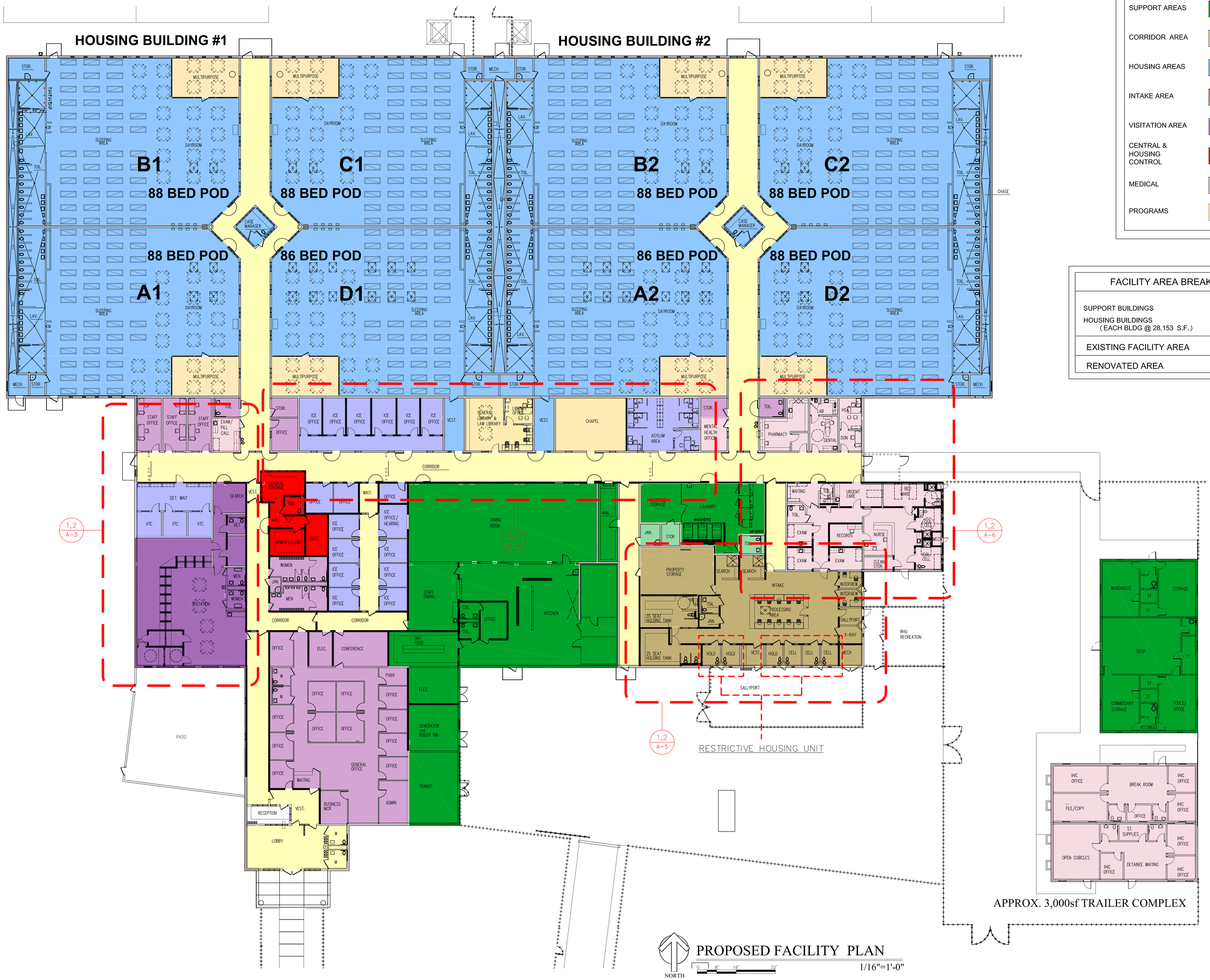
Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 599 of 1402

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

BED COUNT BREAKDOWN	
	BEDS
HOUSING BUILDING #1	350
HOUSING BUILDING #2	350
TOTAL BEDS	700

FACILITY COLOR LEGEND
GEO AREA
ICE / OPLA AREAS
SUPPORT AREAS
CORRIDOR AREA
HOUSING AREAS
INTAKE AREA
VISITATION AREA
CENTRAL & HOUSING CONTROL
MEDICAL
PROGRAMS

FACILITY AREA BREAKDOWN	
	SQ FEET
SUPPORT BUILDINGS	39,761 S.F.
HOUSING BUILDINGS (EACH BLDG @ 28,153 S.F.)	56,306 S.F.
EXISTING FACILITY AREA	96,067 S.F.
RENOVATED AREA	10,662 S.F.



Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 600 of 1402

PROJECT TITLE/ LOCATION

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

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PROPOSED FACILITY PLAN

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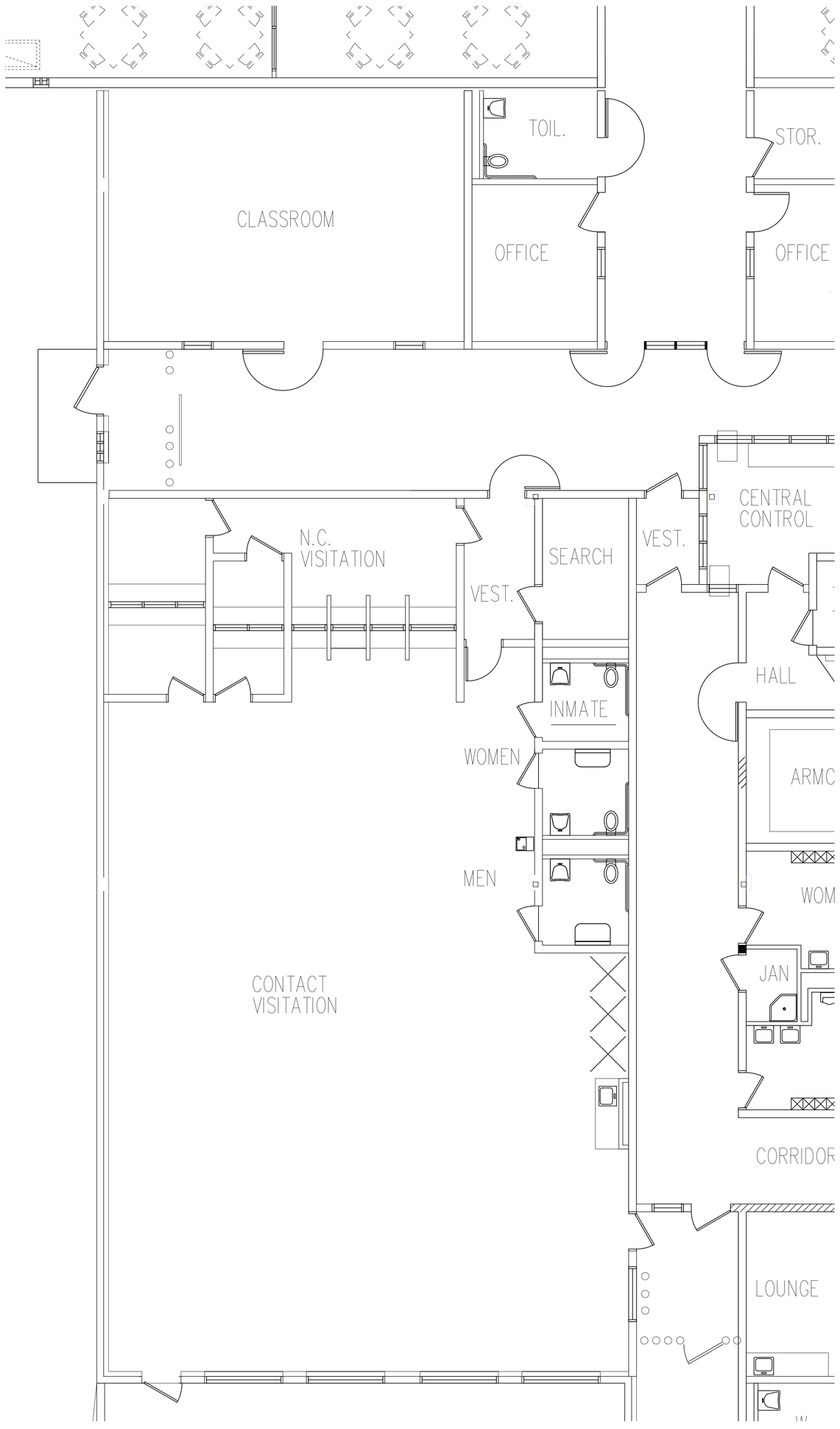
A-2

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

1 - EXISTING CLASSROOM / VISITATION PLAN

0 4' 8' 12'

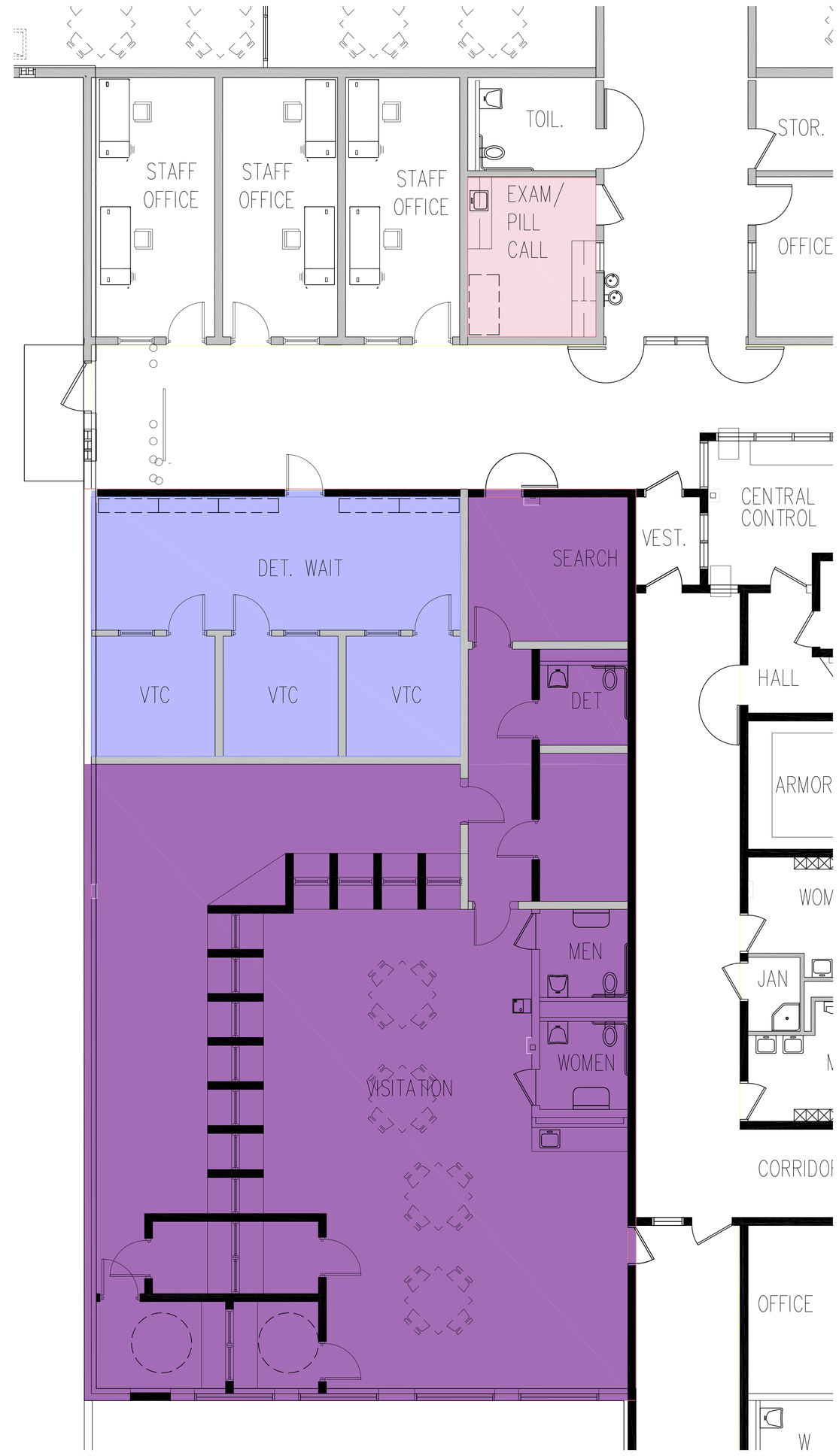
3/16"=1'-0"



2 - PROPOSED GEO OFFICE, VTC, & VISITATION PLAN

0 4' 8' 12'

3/16"=1'-0"



PROJECT TITLE/ LOCATION

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

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ENLARGED PLANS

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A-3

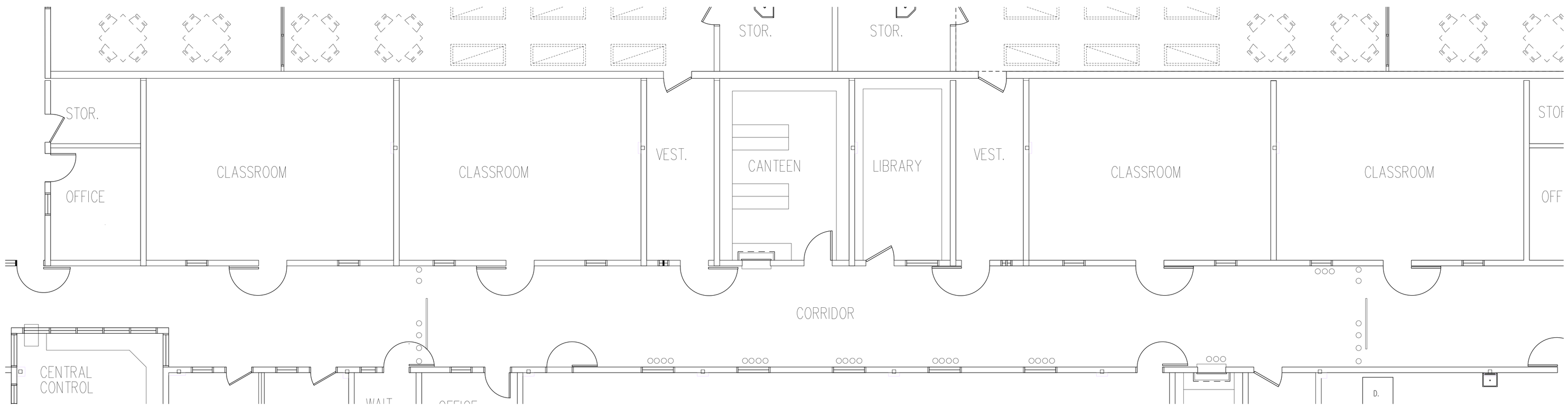
Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 601 of 1402

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

1 - EXISTING CLASSROOM PLAN

0 2' 4' 8'

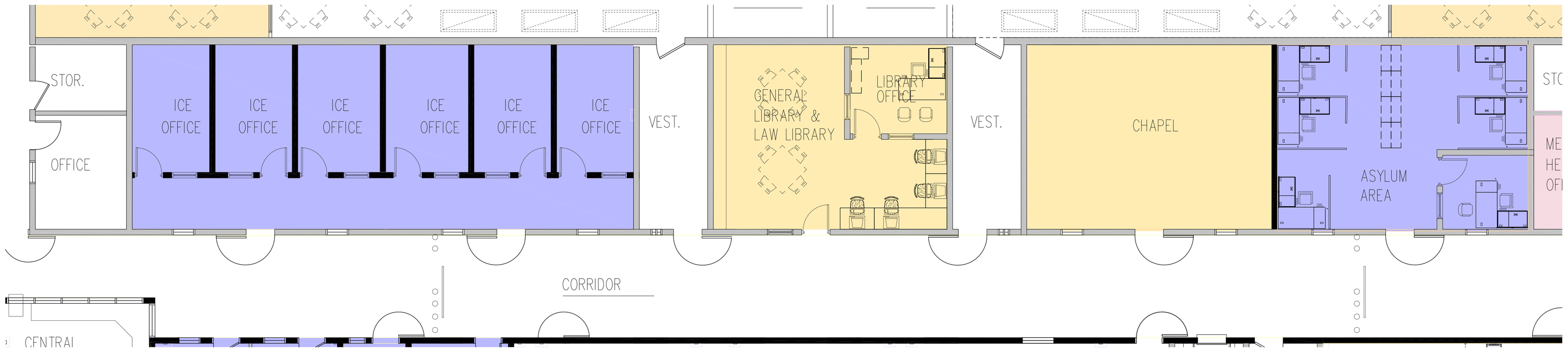
1/4"=1'-0"



2 - PROPOSED ICE, LIBRARY, CHAPEL & ASYLUM OFFICE PLAN

0 2' 4' 8'

1/4"=1'-0"



PROJECT TITLE/ LOCATION

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

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ONE PARK PLACE SUITE 700
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SHEET TITLES:

ENLARGED PLANS

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

A-4

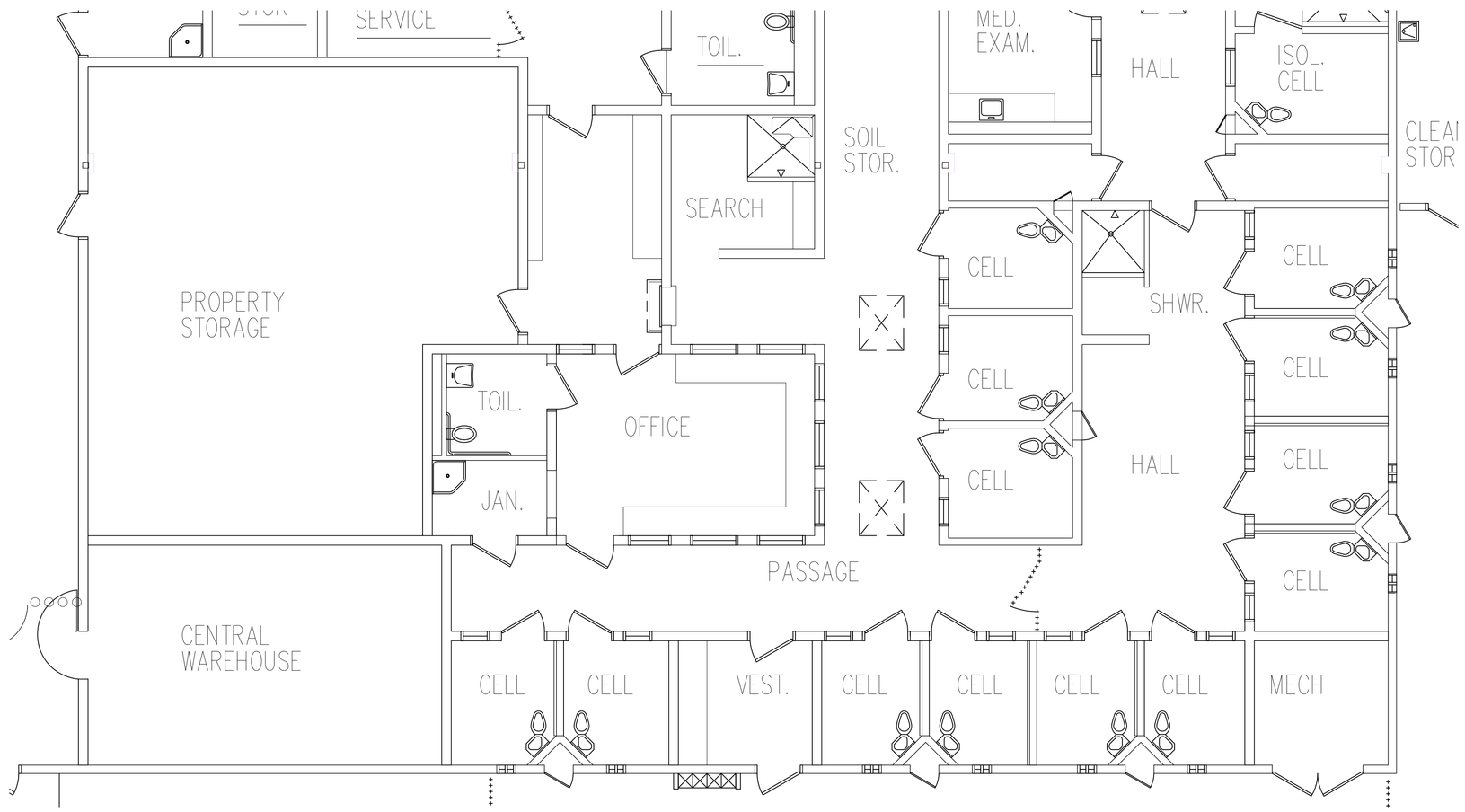
Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 602 of 1402

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

1 - EXISTING INTAKE PLAN

0 4' 8' 12'

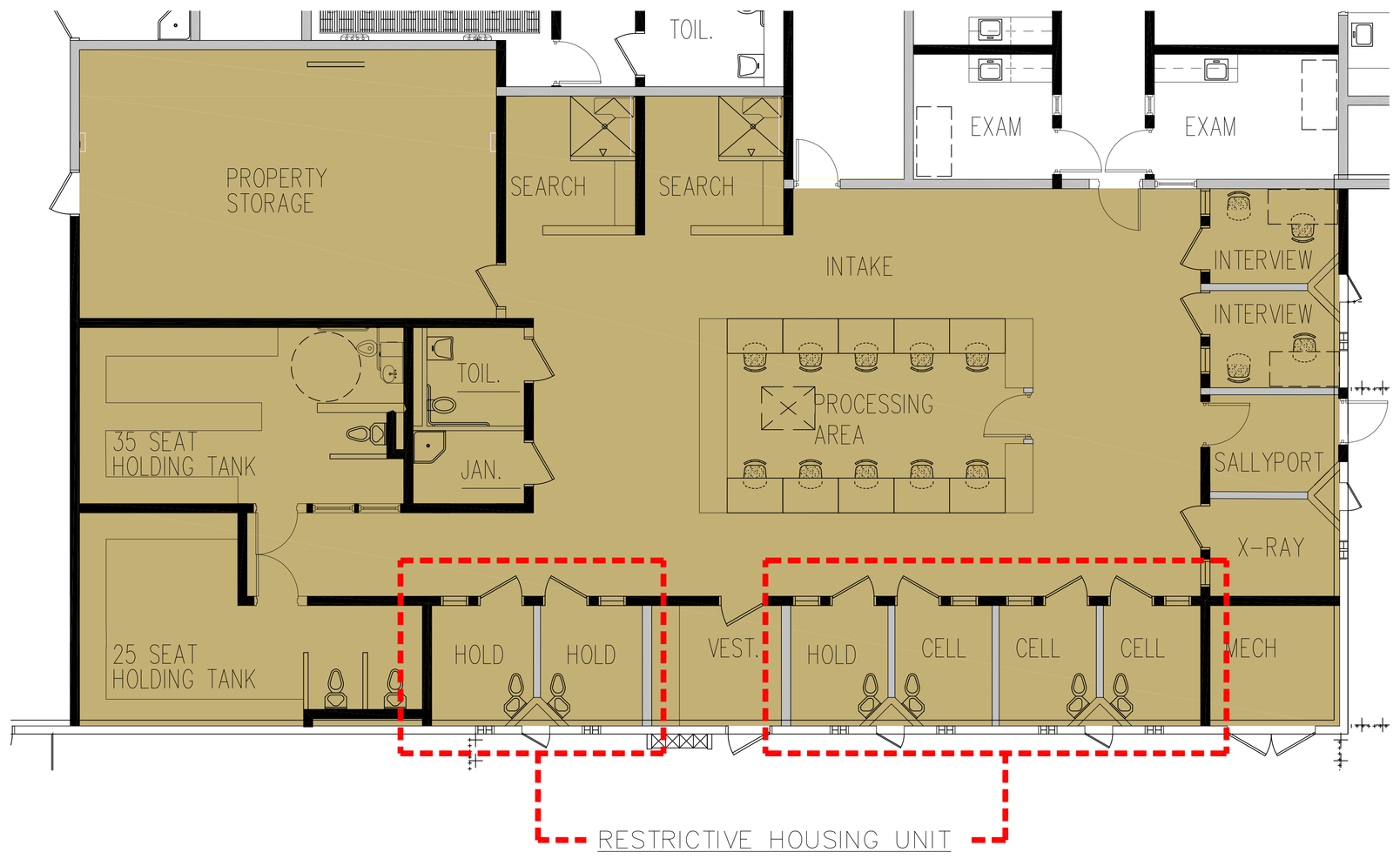
3/16"=1'-0"



2 - PROPOSED INTAKE PLAN

0 2' 4' 8'

3/16"=1'-0"



PROJECT TITLE/ LOCATION

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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ARCHITECTS AND ENGINEERS

DESIGN/BUILDER

KEY PLAN

PROFESSIONAL SEALS

NO.	ISSUE DESCRIPTION	DATE
1.	ICE RFP SUBMISSION	10-31-19
2.		
3.		

REVISION DESCRIPTION DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

ENLARGED PLANS

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

A-5

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 603 of 1402

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

1 - EXISTING MEDICAL / MAINTENANCE PLAN

0 4' 8' 12'

3/16"=1'-0"



2 - PROPOSED MEDICAL PLAN

0 4' 8' 12'

3/16"=1'-0"



PROJECT TITLE/ LOCATION

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
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DESIGN/BUILDER

KEY PLAN

PROFESSIONAL SEALS

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2.		
3.		

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

ENLARGED PLANS

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

A-6

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 604 of 1402

Golden State Modified Community Correctional Facility

I. Demonstrated Technical/Management Capabilities
1. Technical Management Approach
A. TECHNICAL SOLUTION

SITE-SPECIFIC OVERVIEW:
GOLDEN STATE MODIFIED
COMMUNITY CORRECTIONAL FACILITY

GEO is proposing the use of our Golden State Modified Community Correctional Facility. The Golden State Facility was most recently operated under contract with the California Department of Corrections and Rehabilitation. The Facility is co-located with the Central Valley Modified Community Correctional Facility (also proposed under Requirement C), which provides for consolidation benefits.

Site Address: 611 Frontage Road, McFarland, CA 93205

The Golden State Facility is an approximately 97,000 sq. ft. facility built in 1997. The Facility is designed to house up to 700 adult male general population ICE detainees classified as High (Level 3), Medium High (Level 2), Medium Low (Level 1.5), and Minimum (Level 1) security. GEO's proposed facility design consists of the following:

- 700 general population beds in a total of 8 housing units
  - 87-88 beds per dormitory housing unit
- A cafeteria-style dining room
- Library
- Multipurpose rooms
- Administrative office/support space for 23 Government staff, 18 offices and 5 cubicles
  - Repurposed area for Office of the Principal Legal Advisor (OPLA) areas
  - Repurposed area for Executive Office of Immigration Review (EOIR) areas
  - Administrative office/support space for ICE ERO
- Three VTC courtrooms with video teleconferencing capabilities for EOIR
- Approximately 147 parking spaces
- Ample outdoor recreation space

Proposed Renovations
In response to this Requirement, GEO is proposing renovations to the Facility which will include the modifications listed below:

- ICE processing and administrative office areas
- Secure processing area to include a holding room for at least 66 detainees, separated in large and small holding rooms
- Chapel
- Outdoor turfed soccer fields, shaded pavilions and shaded restroom facilities
- Medical facilities, including a 4-bed infirmary
- Mental Health Counseling Office

The proposed Facility's design drawings, including depictions of the areas proposed for renovation, are provided as attachments to this section.

As agreed in the Discussions Meeting between GEO and ICE on December 4, 2019, this item is subject to final review and negotiations, following contract award. In the event the government chooses not to move forward with this facility upgrade to meet the RFP design requirements, the applicable requirement will be waived.

Please see Facility Drawings: Golden State – attached

Parking Availability (Clarification)
A total of 71 secured/on-site parking spaces with controlled ingress and egress for the Mesa Verde ICE Processing Center and its two annexes, used exclusively for Government employees (ICE employees) can be provided. In addition, 13 ICE visitor parking spaces can be provided.

As agreed in the Discussions Meeting between GEO and ICE on December 4, 2019, this item is subject to final review and negotiations, following contract award. In the event the government chooses not to move forward with this facility upgrade to meet the RFP design requirements, the applicable requirement will be waived.

Facility Availability
The current occupants of the Golden State Facility will vacate the facility prior to July 2020. However, operation of the Golden State Facility under the ICE Contract will commence immediately upon contract award, beginning with the implementation of the proposed Operations Transition Period, as detailed below.

We request a waiver of the 60-day Transition Period by substituting the following:

The full Operations Transition Period includes two phases: 1) 6 Month Pre-Transition Mobilization and 2) 60-Day Transition. Revised pricing assumes an August 20, 2020 detainee intake.

Pre-Transition Mobilization Phase (6 months):
Immediately upon contract award, GEO will establish the Operations Transition Team. This team will be on-site, overseeing all operational activities during the full Operations Transition Period. During the Pre-Transition Mobilization Phase these, activities will include the following:

- Conducting Post-award Kick-off teleconference, tentatively scheduled for December 21, 2019
- Beginning bi-weekly and/or monthly Progress Update Meetings with ICE
- Coordinating on-site surveys and needs analysis with representatives from ICE, EOIR, IHSC, and OPLA
- Implementing SORN approval process
- Implementing Virtual Attorney Visitation capability
- Finalizing facility reconfiguration plans following ICE on-site surveys
- Ordering/repositioning of FF&E and vehicles
- Conducting recruitment events (i.e. job fairs, employee interviews)
- Screening of employment applicants and federal background clearance checks
- Completing facility reconfiguration
- Updating standard operating procedures in accordance with federal contract
- Submitting facility policies and procedures for final approval
- Submitting Notice to ICE to begin the 60-Day Transition Period

As agreed in the Discussions Meeting between GEO and ICE on December 4, 2019, GEO will invoice the government during the Pre-transition Mobilization Phase as priced in our Final Proposal Revision.

60-day Transition Period Phase (2 months):
During this phase of the Operations Transition Period, GEO's Operations Transition Team will oversee:

- Onboarding of facility staff
- Completion of all staff training
- Vehicle assessments
- Installation of all remaining FF&E
- Facility readiness reviews
- Finalization of detainee transfer plan to begin housing detainees in the facility

- Detainee transfers into the facility at the end of the Transition Period phase

During the 60-Day Transition Period Phase, GEO will invoice the Government as priced in our Final Proposal Revision.

Environmental Compliance

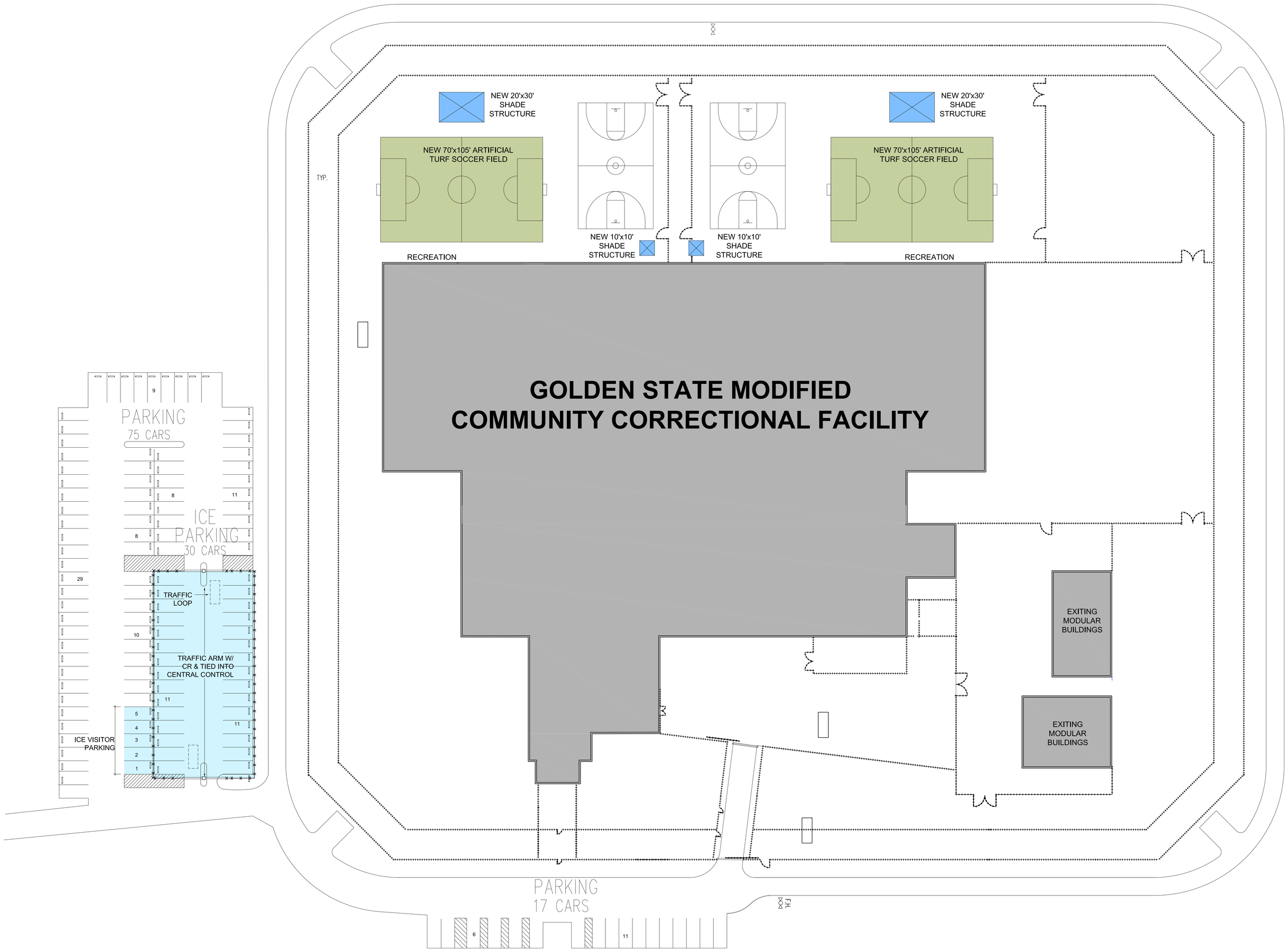
GEO initiated an Environmental Study on the site. The Environmental Assessment (EA) was completed on October 25, 2019 and reflects current site development. The EA found no adverse impacts. GEO anticipates that the completion of the EA eliminates the need for a full NEPA assessment, allowing ICE to initiate the Finding of No Significant Impact (FONSI) action. The completed EA is provided as Volume IV – Environmental Assessment of this response. GEO will employ all practical means to minimize any potential adverse impacts on the human and natural environment that may occur during the operation of the detention facility.

~~For ease of review, GEO has included an outline of the Facility aligned with the estimation of space requirements provided by ICE in the PWS Addendum for facilities being proposed under Requirement C.~~

~~***Please See Requirement C PWS Addendum: Golden State – attached***~~

Conceptual Drawings

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)



NORTH

PROPOSED FACILITY PLAN

0 30' 60'

1"=30'-0"

ICE PARKING SPACES		QUANTITY
ICE SECURE PARKING SPACES	=	30
ICE / OPLA/ EOIR/ VISITOR	=	5

BED COUNT BREAKDOWN	BEDS
HOUSING BUILDING #1	350
HOUSING BUILDING #2	350
TOTAL BEDS	700

FACILITY AREA BREAKDOWN	SQ FEET
SUPPORT BUILDINGS	39,761 S.F.
HOUSING BUILDINGS (EACH BLDG @ 28,153 S.F.)	56,306 S.F.
EXISTING FACILITY AREA	96,067 S.F.
RENOVATED AREA	... S.F.

PROJECT TITLE/ LOCATION

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
4955 TECHNOLOGY WAY
BOCA RATON , FLORIDA 33431

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ARCHITECTS AND ENGINEERS

DESIGN/BUILDER

KEY PLAN

PROFESSIONAL SEALS

NO.	ISSUE DESCRIPTION	DATE
1.	ICE RFP SUBMISSSION	10-31-19
2.	RESPONSE TO ICE	12-2-19

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

PROPOSED FACILITY PLAN - REVISED

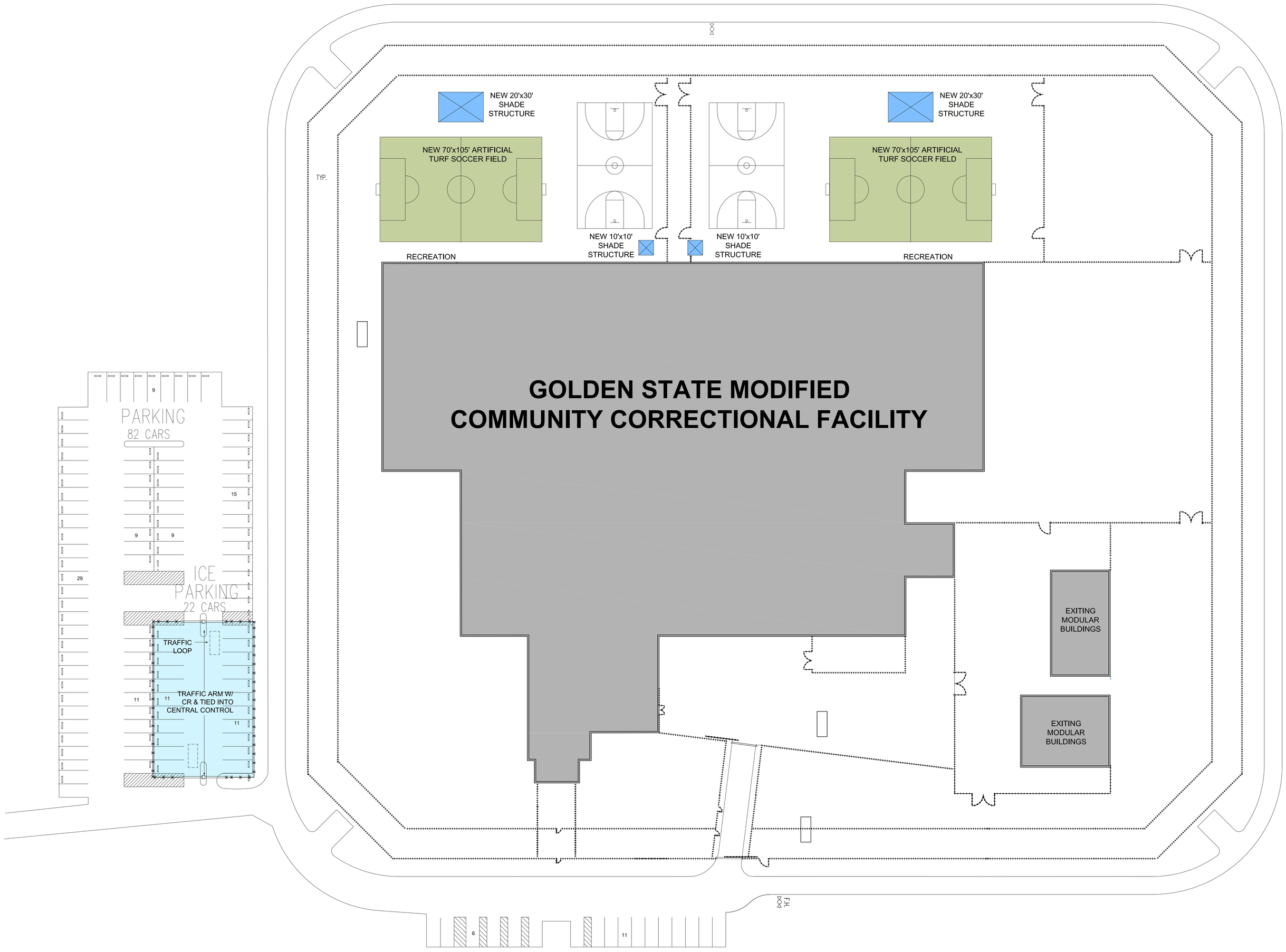
Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

A-1

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 611 of 1402

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)



NORTH

PROPOSED FACILITY PLAN

0 30' 60'

1"=30'-0"

PARKING SPACES		QUANTITY
ICE SECURE PARKING SPACES	=	22
GENERAL PARKING SPACES	=	99
TOTAL PARKING SPACES	=	121
SECURE VEHICLE PARKING SPACES	=	0

BED COUNT BREAKDOWN	BEDS
HOUSING BUILDING #1	350
HOUSING BUILDING #2	350
TOTAL BEDS	700

FACILITY AREA BREAKDOWN	SQ FEET
SUPPORT BUILDINGS	39,761 S.F.
HOUSING BUILDINGS (EACH BLDG @ 28,153 S.F.)	56,306 S.F.
EXISTING FACILITY AREA	96,067 S.F.
RENOVATED AREA	... S.F.

PROJECT TITLE/ LOCATION

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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2.		
3.		

REVISION DESCRIPTION DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

PROPOSED FACILITY PLAN

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

A-1

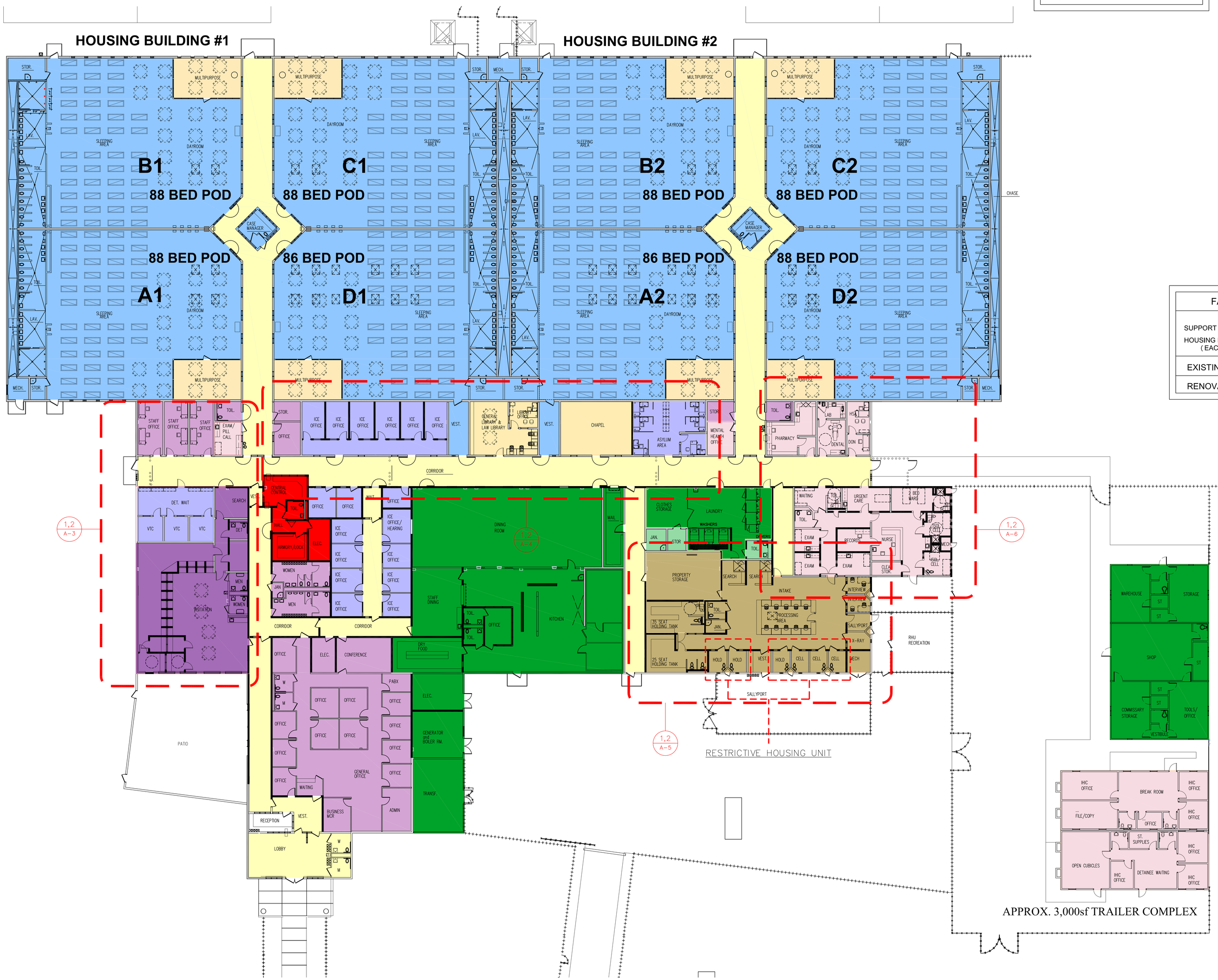
Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 612 of 1402

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

BED COUNT BREAKDOWN	
	BEDS
HOUSING BUILDING #1	350
HOUSING BUILDING #2	350
TOTAL BEDS	700

FACILITY COLOR LEGEND	
GEO AREA	
ICE / OPLA AREAS	
SUPPORT AREAS	
CORRIDOR AREA	
HOUSING AREAS	
INTAKE AREA	
VISITATION AREA	
CENTRAL & HOUSING CONTROL	
MEDICAL	
PROGRAMS	

FACILITY AREA BREAKDOWN	
	SQ FEET
SUPPORT BUILDINGS	39,761 S.F.
HOUSING BUILDINGS (EACH BLDG @ 28,153 S.F.)	56,306 S.F.
EXISTING FACILITY AREA	96,067 S.F.
RENOVATED AREA	10,662 S.F.



NORTH

PROPOSED FACILITY PLAN

0 8' 16' 32'

1/16"=1'-0"

PROJECT TITLE/ LOCATION

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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2.		
3.		

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

PROPOSED FACILITY PLAN

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

A-2

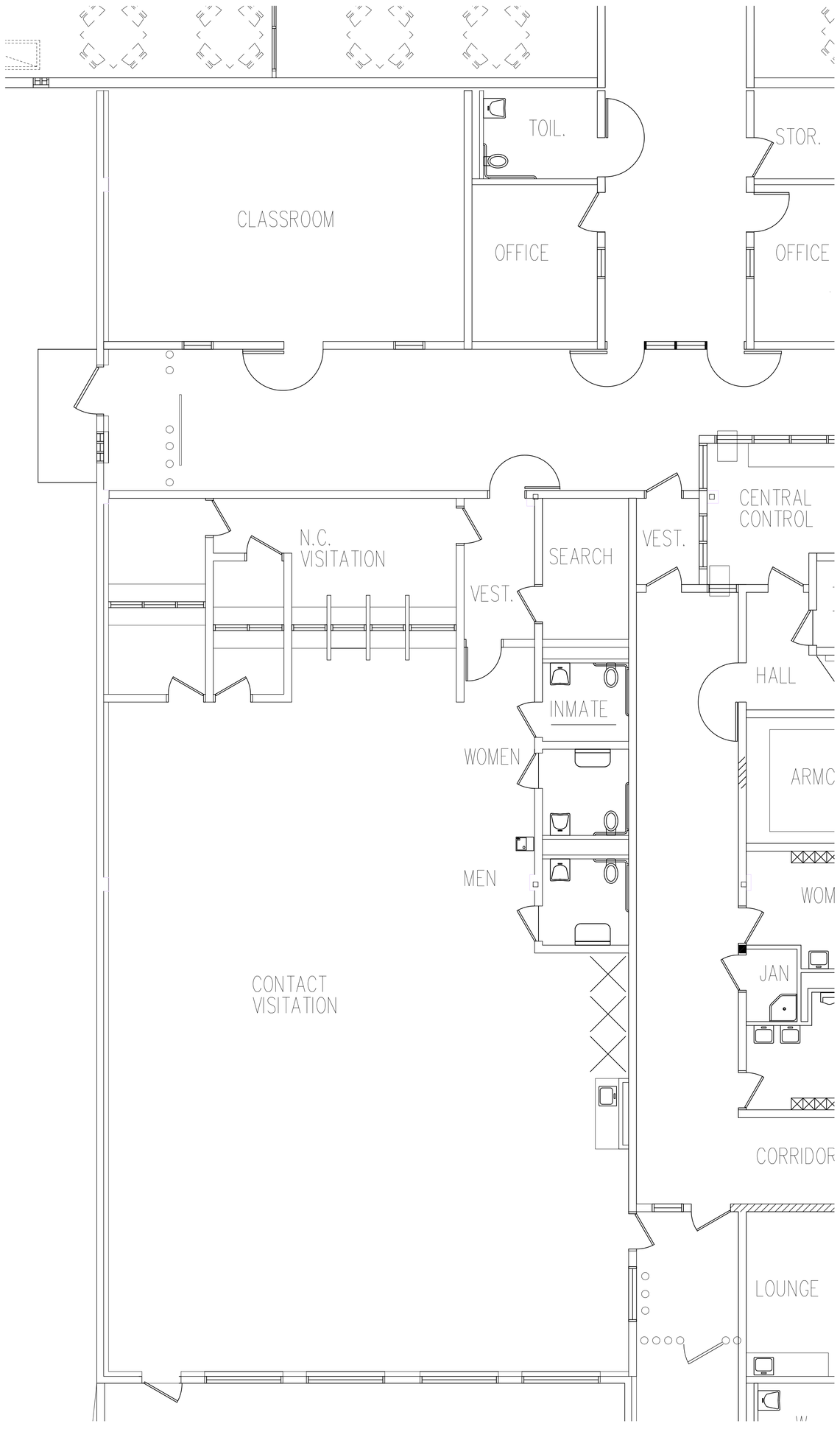
Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 613 of 1402

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

1 - EXISTING CLASSROOM / VISITATION PLAN

0 4' 8' 12'

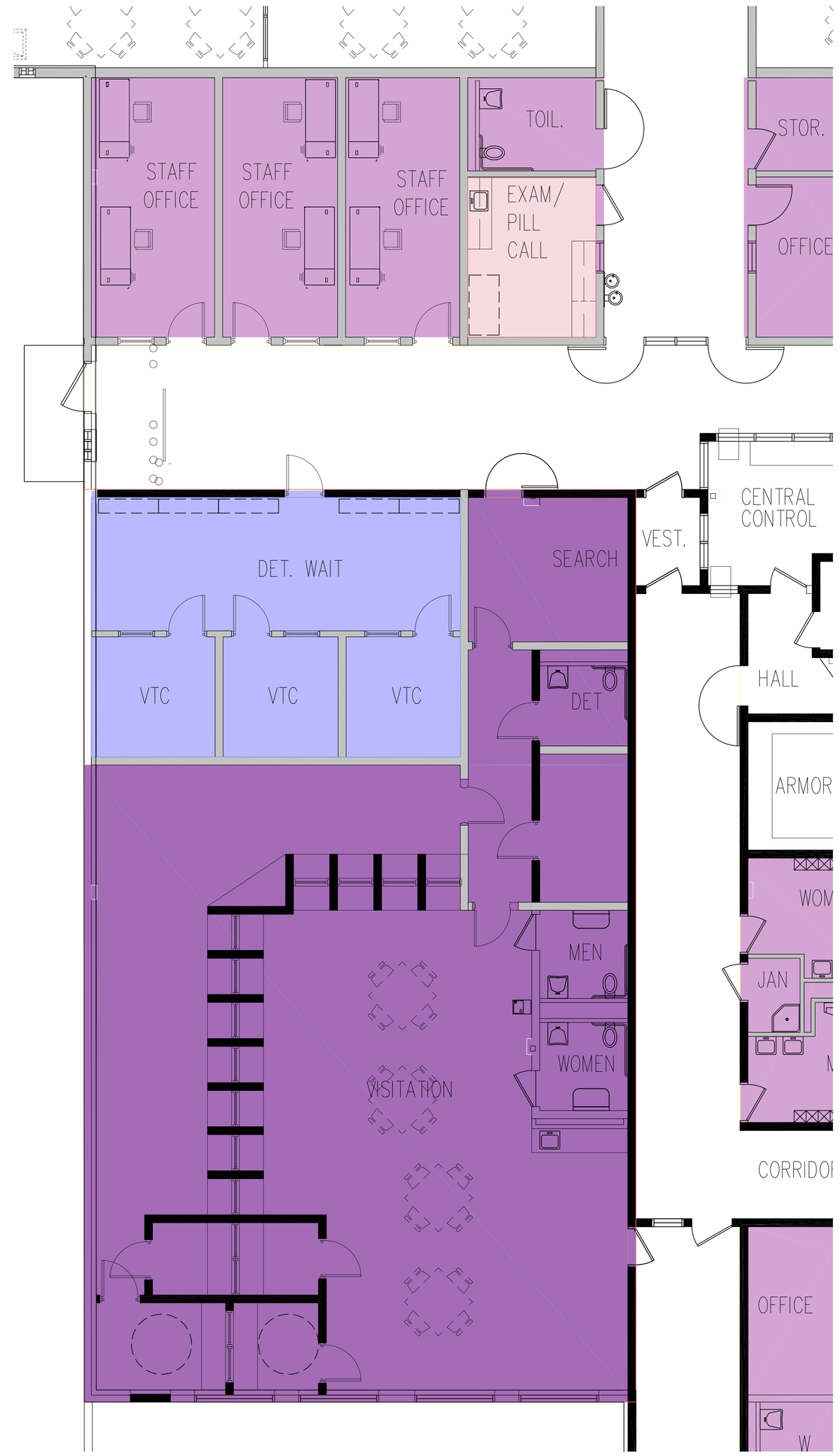
3/16"=1'-0"



2 - PROPOSED GEO OFFICE, VTC, & VISITATION PLAN

0 4' 8' 12'

3/16"=1'-0"



PROJECT TITLE/ LOCATION

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
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BOCA RATON , FLORIDA 33487

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2.		

REVISION DESCRIPTION	DATE

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PROJECT NO:

SHEET TITLES:

ENLARGED PLANS

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SHEET NUMBER:

A-3

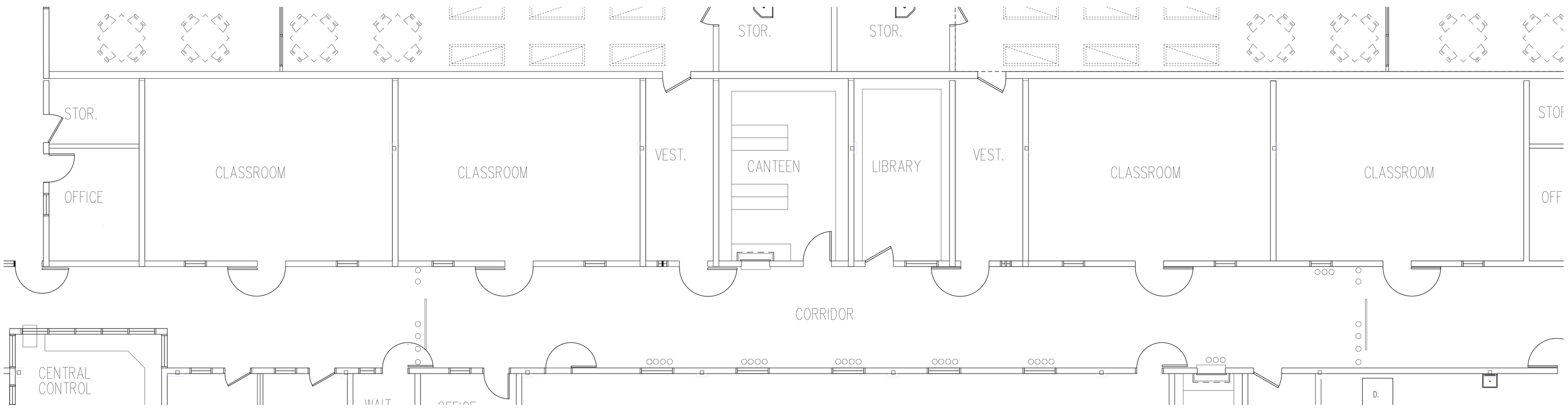
Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 614 of 1402

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

1 - EXISTING CLASSROOM PLAN

0 2' 4' 8'

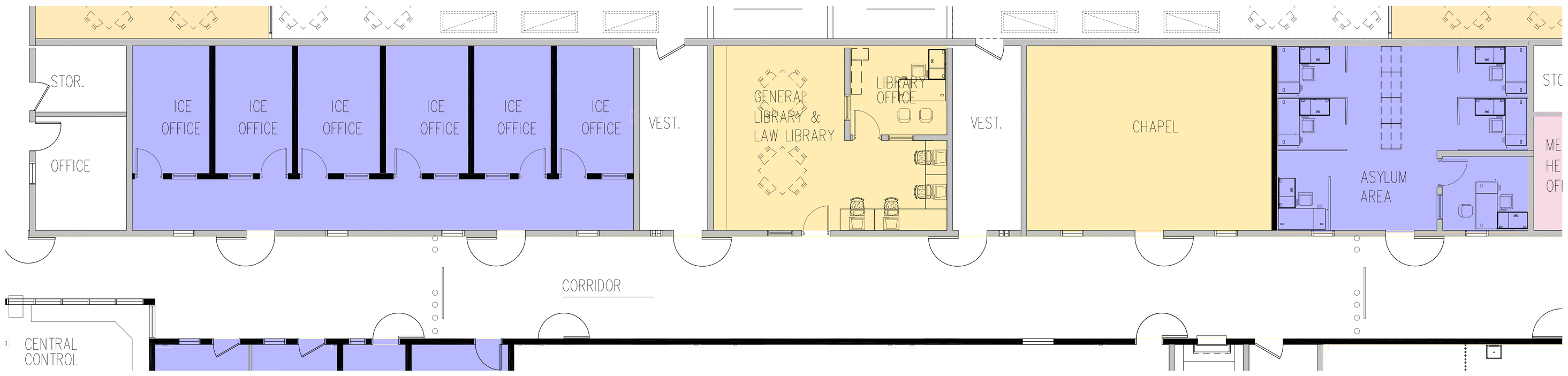
1/4"=1'-0"



2 - PROPOSED ICE, LIBRARY, CHAPEL & ASYLUM OFFICE PLAN

0 2' 4' 8'

1/4"=1'-0"



PROJECT TITLE/ LOCATION

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
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PROJECT NO:

SHEET TITLES:

ENLARGED PLANS

Original drawing is 30" x 42". Scale entities accordingly if reduced

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A-4

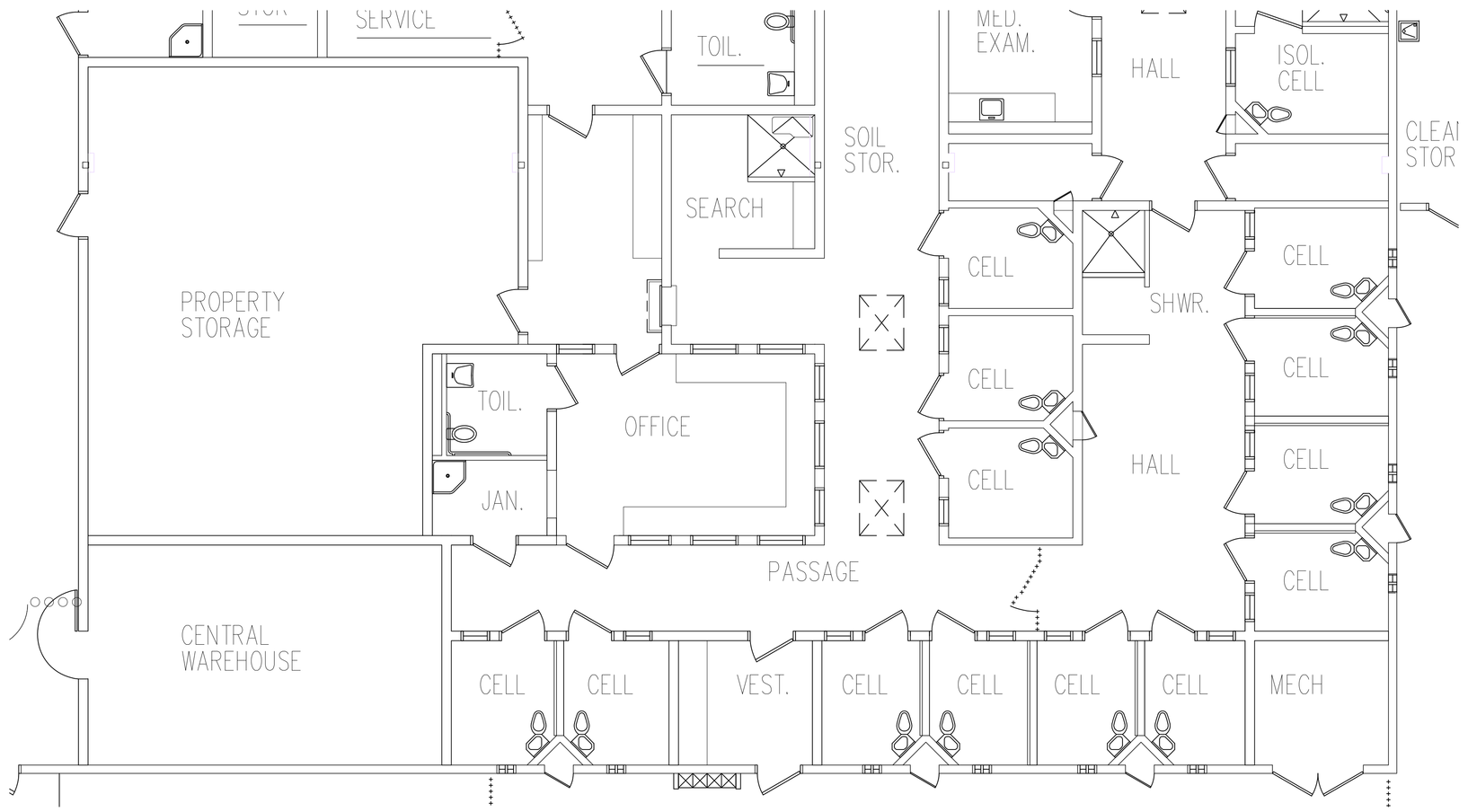
Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 615 of 1402

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

1 - EXISTING INTAKE PLAN

0 2' 4' 8' 12'

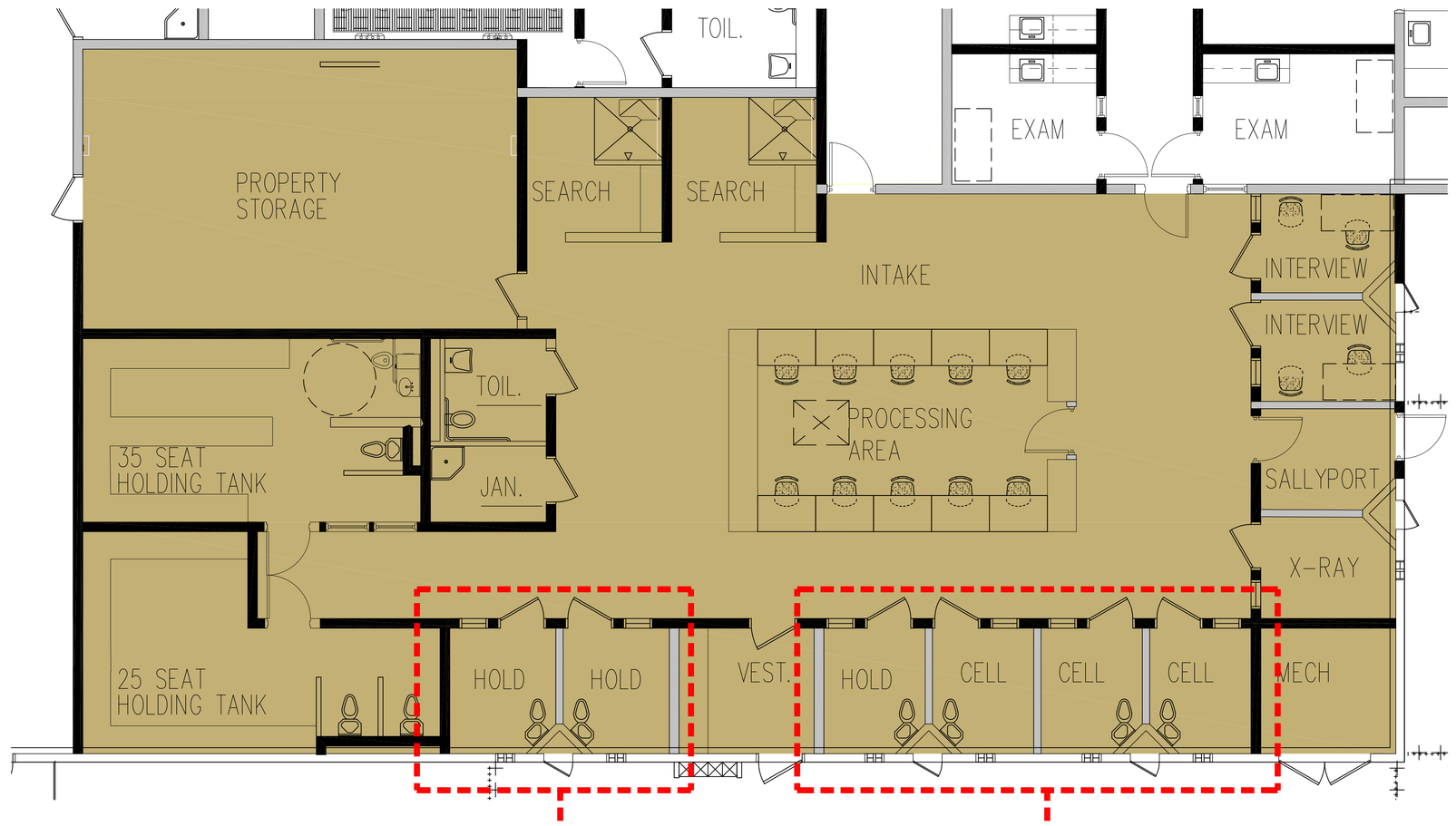
3/16"=1'-0"



2 - PROPOSED INTAKE PLAN

0 2' 4' 8'

3/16"=1'-0"



RESTRICTIVE HOUSING UNIT

PROJECT TITLE/ LOCATION

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

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KEY PLAN

PROFESSIONAL SEALS

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1.	ICE RFP SUBMISSION	10-28-19
2.		
3.		

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

ENLARGED PLANS

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

A-5

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 616 of 1402

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - AS MODIFIED)

1 - EXISTING MEDICAL / MAINTENANCE PLAN

0 4' 8' 12'

3/16"=1'-0"



2 - PROPOSED MEDICAL PLAN

0 4' 8' 12'

3/16"=1'-0"



PROJECT TITLE/ LOCATION

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

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BOCA RATON , FLORIDA 33487

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REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

ENLARGED PLANS

Original drawing is 30" x 42". Scale entities accordingly if reduced.

SHEET NUMBER:

A-6

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 617 of 1402

I.1.B - Understanding the PWS

I. Demonstrated Technical/Management Capabilities
1. Technical Management Approach
B. UNDERSTANDING OF THE PERFORMANCE WORK STATEMENT

The GEO Group, Inc. (GEO) will operate and manage the Centers proposed under this Requirement on behalf of ICE, providing for the detention, health, welfare and transportation of detainees in accordance with the 2011 Performance-Based National Detention Standards, with 2016 revisions (PBNDS).

GEO has read, understands, and will comply with the requirements of RFP Section C. Performance Work Statement. This section provides our specific plans for helping ERO achieve its mission and meet the requirements of the PWS through our technical solution. Our understanding and approach to implementing the PWS is described in the following paragraphs.

II. PERFORMANCE WORK STATEMENT

A. Objective

GEO is an expert in meeting the unique needs and operational requirements of federal immigration processing standards and practices. Our extensive expertise in dealing with all security levels of immigration detainees was developed through our three-decade relationship with U.S. Immigration and Customs Enforcement (ICE) and refined through our current operation of 17 ICE Centers totaling approximately 17,600 beds.

Our three-decade relationship with ICE has led to multiple successive awards of our existing contracts, new awards for the development of new state-of-the-art Centers, and new contracts for the use of existing GEO Centers repurposed to meet the needs of ICE. In 2015, GEO was awarded a new seven-year ICE contract at the 700-bed Broward Transitional Center, which we have successfully operated since 2002. In 2015, we were awarded a new 10-year contract with ICE for our 1,575 bed Northwest ICE Processing Center, which we have successfully operated since 2005. In 2017, we were awarded a contract for the design, construction, and operation of the new Montgomery Processing Center located in Conroe, Texas. The Center was opened in September 2018 with 1,000 beds and it has since been expanded to provide 1,314 beds. This year, we worked with ICE to activate our South Louisiana ICE Processing Center to provide 1,000 additional beds. GEO is a proven, reliable, and operationally excellent partner for ICE.

B. Background and Mission

As the current largest service provider to ICE, GEO has superior experience supporting ICE and the Enforcement and Removal Operations (ERO) mission. GEO provides a means for ERO to implement its mission by providing housing, transportation, and all required administrative support services as ERO carries out all orders for the securing and departure activities of detainees who are designated in removal proceedings and for arranging for the detention of detainees when such becomes necessary and prescribed by law.

GEO's proposed Centers will support this mission by providing a safe, secure, and humane Center that meets or exceeds all required standards, for persons in ERO custody as they move through the immigration process.

C. Scope of Work

GEO will provide all personnel, management, equipment, supplies, training, certification, accreditation, and services necessary for performance of all aspects of the contract 24 hours a day, seven days a week, 365 days per year. GEO's proposed pricing includes all costs associated with providing the services in this contract. GEO will be responsible for the transition of all activities identified in this PWS. Facilities that are currently active under contract with ICE will require only minimal start-up activities. For Facilities with delayed availability, GEO's transition-in will be accomplished as expeditiously as possible, with a maximum transition-in period of 60 days from Facility availability. Our team of Corporate and Regional resources will maintain contact with CO to ensure open lines of communication are established and potential roadblocks to the timely implementation of this contract are avoided. GEO is prepared to build upon the experience gained during our three-decades of partnership with ICE to guide the implementation of this new contract.

Each Center proposed under this requirement will provide safe and secure conditions of detention with consideration given for the management of a diverse population, including threat to the community, risk of flight, type and status of immigration proceeding, community ties, and medical and mental health issues. While under this contract, the Center will not house any non-ICE detainee population without prior written approval of the COR or ICE-designee.

Typically, Centers will provide easy access to legal services; natural light throughout the Center; ample indoor and outdoor recreation that allows for vigorous aerobic exercise with extended hours of availability, ideally a minimum of four hours per day of outdoor recreation; and private showers and restrooms (where practicable).

Detainees will receive cafeteria style meal service (where possible); clothing and hygiene items; contact visitation, including special arrangements for visiting families, including nights and weekends; private areas for attorney-client visits, with video teleconferencing capabilities; noise control; enhanced, but controlled freedom of movement, consistent with safety requirements based on detainee security levels; enhanced law library and legal resources; and enhanced programming, and dedicated space for religious services and social programs.

Each Center's design includes special management units for administrative and disciplinary restrictive housing.

Operations at each Center will be performed in accordance with the ICE Performance-Based National Detention Standards 2011 with 2016 revisions (PBNDS). Where GEO references PBNDS throughout our response, it designates ICE PBNDS 2011 with 2016 revisions. GEO will also abide by the March 7,2014, DHS regulation under the Prison Rape Elimination Act of 2003 (PREA; P.L. 108-79), *Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities* (DHS PREA Standards).

GEO understands in cases where there is a conflict in standards, the most stringent applies. In case of our inability to determine which standard is more stringent, GEO will follow the guidance of the COR who will determine the appropriate standard.

GEO will obtain and maintain American Correctional Association (ACA) accreditation under the most current version of the Adult Local Detention Facilities (ALDF) Standards to include any supplement. It is GEO's standard practice to pursue ACA accreditation at all of our secure services facilities. As such, ICE can expect operations at the Center to conform with the ACA ALDF Standards on the first day of contract performance. GEO will obtain full ACA accreditation within one year of contract award.

GEO will obtain and maintain accreditation under the National Commission on Correctional Health Care (NCCHC) within one year of contract performance.

Our confidence in our ability to obtain the required accreditation is supported by our investment in contract monitoring, performance management resources, and the Centers offered under this solicitation are currently ACA accredited. GEO has a 46-member Contract Compliance Division comprised of subject matter experts in security, medical, ACA accreditation, PREA, Joint Commission, NCCHC, PBNDS, FPBDS, and multiple agency standards. Contract Compliance personnel are located at GEO's Corporate Office, at each of GEO's Regional Offices, and on-site at all major facilities. This staff will be

deployed to ensure GEO meets the accreditation requirements established under this contract.

GEO understands that ICE inspectors or Government-contracted staff will conduct periodic and unscheduled inspections of contract performance and the Center to ensure contract compliance. GEO will provide full and complete cooperation for any request or investigation conducted by the Government.

Virtual Attorney Visitation

GEO will offer virtual attorney visitation at each of its proposed sites. Although spatial considerations could impact its full capability, limited space could be repurposed for this new opportunity. GEO and ICE would need to work closely on logistics associated with this process. GEO proposes the use of "Skype for Business" from "Microsoft Office 365" platform to provide detainees with secure virtual attorney visitation, both video and audio. This solution provides flexibility and mobility while delivering secure encrypted communication. Skype is a proven solution as it is currently in use at other GEO facilities around the country.

D. Processing Centers

Processing Space

Each proposed Center will support and deliver all of the environmental and physical requirements to ensure acceptable compliance with ACA standards and ICE PBNDS.

All required permits and licenses will be obtained by the date of contract award. GEO is licensed as a qualified security service company in accordance with the requirements of the district, municipality, county, and state in which the ICE work site is located. GEO will ensure all required permits and licensure are maintained throughout the duration of the contract and available for Government inspection upon request. GEO will comply with all applicable federal, state, and local laws and all applicable Occupational Safety and Health Administration (OSHA) standards.

Site-specific details for each of the Centers proposed under this Requirement have been provided as attachments to this Volume:

- USCIS space
- Executive Office for Immigration Review (EOIR) space
- ICE administrative space

- Parking spaces at the contracted Processing Center

GEO has worked closely with ICE, USCIS, EOIR and other interested agencies to properly account for and provide the necessary office space within our Centers. Our corporate experts in project development and design will be responsible for coordinating with ICE to ensure the specified administrative support areas are provided in accordance with requirements.

E. Armed Transportation Services

Due to the growing demands of our clients' needs, in 2007, GEO created its transportation subsidiary GEO Transport Inc. (GTI), DOT License #1705757. GTI will provide the transportation service requirements under this contract. GTI has earned the reputation of a premier and preferred provider of secure transportation services, operating a current fleet of more than 350 specially designed, secure transportation vehicles with 500 licensed transportation officers, serving 30 federal contracts in 19 states. Since its inception, GTI has successfully transported over 2.7 million detainees while driving over 47.1 million miles without an escape. GTI provides exceptional armed transportation services to 12 ICE sites across the United States.

In 2018, GTI transported more than 133,261 ICE detainees, driving nearly 3 million miles without an escape or serious incident.

In the first three quarters of 2019 (Jan-Sep), GTI has transported more than 120,269 ICE detainees and driven more than 2.6 million miles.

GTI provides transportation for our Adelanto ICE Processing Center in Adelanto, CA. Through our first 3 quarters in 2019 (Jan.-Sept.), we have driven over 167,000 miles and transported over 8,000 detainees without an escape or serious incident.

In 2010, GTI teamed in a joint venture with a UK company Amey (GEOamey) to bid on a 10-year secure Transportation and Court Security services for the United Kingdom's Ministry of Justice. We were awarded the contract in 2011 covering all of Scotland and 80% of the England and Wales, requiring the need to build 570 new specialty vehicles and transfer over 3,300 licensed escort and transportation officers. GTI's proven record in secure transportation and the program management tools currently deployed both in the U.S. and Internationally will serve as the foundation for GTI's unmatched support to ICE in the identified California Areas of Responsibility.

The GTI operation has undergone U.S. Department of Transportation (USDOT) audits, state audits, and several ICE audits and has successfully passed each audit with

outstanding ratings and comments in compliance with ACA standards, PBNDS, and the terms of each contract. GTI has undergone four U.S. Department of Transportation audits and will continue to be audited every three years. These audits consist of a USDOT inspector thoroughly reviewing all Driver Qualification Files, all Vehicle Maintenance Files, Driver Hours of Service, Compliance with drug and alcohol testing, and preforming a complete physical/visual inspection of a select number of vehicles. The most recent audit in February 2018 lasted seven days and at the end of the audit GTI received a "Satisfactory" Rating, the highest attainable grade given by DOT.

GTI will provide all ground transportation in a secure timely manner as required by the COR or designated ICE official. All transportation will be performed in accordance with the terms of this contract, post orders, ACA Standards and the PBNDS. When Transportation Officers are not performing transport duties, they will supplement security duties within the Center as approved by the COR.

GTI has an industry certified security air operations team consisting of 30 members. Each member has completed a 24-hour course in security flight operations in addition to their 4-week Officer and Driver training certification. This training includes but is not limited to; de-escalation techniques, CPR, less than lethal intermediate weapons training, onboard detainee handling techniques, and emergency response training. Each Air Operations Officer has had prior experience in air missions and retains their certification through annual refresher training. Should the need arise, and at the client's request, GTI's Air Transport Team is highly qualified and capable of conducting Air Transport Missions.

GTI will assign at a minimum two-person teams of Transportation Officers whenever necessary throughout a 24-hour period, seven days a week, to include holidays, to meet the needs of ICE transportation requirements. The exact number of teams on duty on any shift will be approved by the COR or his/her designee.

At our corporate headquarters, GEO has a dedicated Fleet Manager with 28 years of large service vehicle professional credentials. The corporate Fleet Manager provides oversight for the purchasing and maintenance/repair policies for GTI's national fleet of specialized secure transportation vehicles.

GEO/GTI understands it may acquire additional vehicles as necessary. At no time will employees use their personal vehicles to transport detainees. As mandated, all GTI provided vehicles will be equipped with interior security features to include separation of detainees and officers in accordance with PBNDS.

Prior to hiring and training, Transportation Officers will pass initial drug screening, motor vehicle record checks and background investigations. GTI also exceeds the mandatory testing percentage standard for drug and alcohol on a quarterly basis as set forth by the U.S. Department of Transportation. In addition to quarterly drug and alcohol testing each Transportation Officer will have his/her motor vehicle records checked on a semi-annual basis. Any Transportation Officer or staff member who receives 2 or more moving traffic violation, or is arrested, will be suspended from all transportation duties pending an internal investigation and administrative review.

GTI personnel will have the same qualifications, training, security clearances, and uniforms as those GEO personnel provided in the other areas of this contract. GTI drivers adhere to USDOT rules to include hours of service regulations. Transportation Officers will obtain and will maintain proper required clearances, commercial driver licenses with proper endorsements and all required Federal and State licenses. In addition to the mandatory training for security personnel on this contract, Transportation Officers will receive 80 hours of specific transportation driver's training prior to being assigned transportation duties.

Transportation-Specific Training Course Title	Course Duration
DOT Entry Level Training	2 Hours
Driver Requirements	2 Hours
Driver Training	2 Hours
Hours of Service & Driver's Log	6 Hours
Accident Investigation & Reporting Procedures	2 Hours
Pre-Trip Inspections	2 Hours
Roadside Inspections	2 Hours
Drug and Alcohol Program	2 Hours
Driver's Road Test and Certification	2 Hours
Pre-, Mid-, and Post-Trip Inspections	4 Hours
Engine, Body and Tires	2 Hours
Backing, Spotting and Parking	2 Hours
Emergency Procedures and Safety Equipment	4 Hours
Operating in Traffic, Passing, and Turning	4 Hours
Adverse Driving Conditions	4 Hours
Speed and Proper Following Distances	2 Hours

Transportation-Specific Training Course Title	Course Duration
Clearances and Sallyports	4 Hours
Maintaining Records of Duty Status	4 Hours
Day and Night Driving Conditions	4 Hours
Commercial and Charter Airline Operations	8 Hours
Off-Site Assignments	4 Hours
Driver Safety Awareness (Handcuffing, Firearms Retention, etc.)	8 Hours
Final Road Test with Commentary	4 Hours
Total	**80 Hours**

Transportation Officers will complete an additional eight hours of Officer Safety Awareness Training. Each Transportation Officer will also be observed and evaluated by using GTI's firearms simulator system. Similar to those used by government agencies, GTI has developed real-life practical exercise scenarios that range from regular law enforcement high-threat response situations, to custom made scenarios specifically developed from actual GEO transportation situations.

Additionally, transportation staff are also provided training throughout the year covering transportation-specific duties. All Transportation Officers are given a yearly road test to ensure maintenance of their driving skills and are observed while on duty by a certified driver instructor to identify potential areas of improvement. GTI's in-house staff trainers have graduated from a certified transportation training course developed in conjunction with the Department of Transportation. GTI currently employs over 100 Driver Trainers nationwide. The Driver Trainers each have completed a 40-hour, Train the Trainer course taught by the Regional Operations Managers, including strenuous classroom exercises, backing and spotting exercises, and a certified driving course.

All Transportation Officers will be armed in the performance of their duties. The Transportation Officers will be properly trained in safe, effective procedures for handling weapons and weapons qualifications in accordance with the state licensing requirements and will certify proficiency semiannually as stated in the PWS. GTI will supply and maintain restraining equipment in accordance with PBNDS on Transportation (by Land). All firearm training and re-certification will be conducted by a certified firearms instructor and the process will be managed by former ICE senior managers (retired) who are currently employed by GEO. All equipment will be available for inspection by ICE personnel upon request.

GTI will comply with ICE PBNDS 2011 and DOT regulations related to the number of hours each Transportation Officer may operate a vehicle. Overnight lodging resulting

from transportation services will be approved in advance by the COR or designated ICE official. Overnight lodging expenses will be billed at rates not to exceed the applicable GSA per diem rates. Transportation will be accomplished in the most economical manner and in accordance with the applicable GSA per diem rates. The Center Transportation Manager, together with the Center's Business Manager, will monitor the costs associated with transportation operations to ensure compliance with contract rates.

Upon orders of the COR, or upon GEO's decision in an urgent medical situation, Transportation Officers will provide transportation and secure physical custody of the detainee at medical facilities from the time the detainee is admitted until released from the hospital. At such time the detainee will be safely and securely transported back to the Processing Center. Transportation Officers will always ensure proper custody of detainees, and will make every effort to prevent escapes, especially when the detainee is not restricted within the confines of a medical or other outside Center.

GEO understands the COR at times may direct transportation of detainees to unspecified miscellaneous locations (within a 250-mile radius of the Center), and our submitted staffing and transportation plan provides ICE with flexibility to meet these operational demands.

GEO understands Transportation Officers may be provided documents for transport which will only be turned over to the authorized recipients. Officers will ensure these documents are kept confidential and are not viewed by anyone other than the intended recipient.

GEO will have security cameras and digital video recording (DVR) equipment on each transport vehicle. There will be a minimum of four cameras on board each small capacity van and a minimum of six on each large capacity transporter. Camera and DVR devices will be kept secure from any detainee interaction. System downloading into data archive files within each Center will occur as needed to prevent the loss of information. The system will document the status of both the driver team and detainees during daytime or nighttime operations. Video coverage and quality will be sufficient to allow for post operation review and audit of any incident.

GEO will have a fully operational communication system compatible with ICE communication equipment that has direct and immediate contact with all transportation vehicles and post assignments. Upon demand, the COR will be provided with current status of all vehicles and post assignments of employees. At no additional cost to the government, GTI proposes to install a monitor in a location designated by the COR

which will show the mapping location, estimated arrival times, speed of vehicle, assigned staff, vehicle routing, number of detainees and destinations in real time.

GTI will provide a minimum of two forms of communication for Transportation Officers during transport operations in accordance with the PBNDS on Transportation (by Land). One form will be a cellular phone, and the second form is the satellite and/or cellular-based communication device to be installed in each vehicle, capable of sending and receiving text messages to and from the Center's base station. In addition, all transport vehicles will have an emergency button that, when depressed, will send a text message to several managers and will lock in the location of the vehicle for a rapid response.

To perform the necessary operations to accommodate the routes given, GTI utilizes GEOtrack, a proprietary, globally deployed, tested and reliable Processing and Transportation Management System designed to track the activities of detainees housed in Processing Centers, or those being transported by GTI's secure vehicles.

Since its development and installation over a decade ago, GEOtrack has grown in functionality and use, providing all the real-time information necessary to safely and securely operate and track GTI transport missions and produce Quality Assurance Surveillance Plan (QASP) and other management reports. The Monthly Status Report will be provided through GEO track along with the G-391 Upload Template Attachment.

The use of GEOtrack at the Center will include mission reporting and management capabilities, such as:

- Fully auditable electronic capture of required tasking information by transportation officers.
- Route and schedule creation, and electronic dispatching.
- Secured 'Live' mission management and vehicle satellite tracking with reporting for ICE metrics and timekeeping requirements.
- Vehicle and mission alerting notification capability for both safety and security monitoring.
- Additional features that report on driver activities to produce fuel savings by tracking route mileage, idle time, excessive speed, and maintenance alerts.

GTI Pursues efficiencies using preventative maintenance and fuel economy strategies. In addition to GEOtrack, each vehicle is equipped with Fleetmatics/Verizon Connect, a GPS monitoring system. GTI's vehicles will have the required services to obtain the highest EPS rating. GTI achieves fuel economy improvements through Fleetmatics by

monitoring each driver's behavior. Fleetmatics has the capabilities to monitor speeding, hard braking, excessive acceleration, and any harsh driving activity. In addition, Fleetmatics provides a real time view of vehicle location, time, direction, address, speed, ignition status, and can display a live view map of its current location. This visibility of our drivers and vehicle movements will be made accessible to the ICE at no additional costs to the government.

Transportation will be provided to the locations indicated in this PWS and other locations at the direction of the COR or designated ICE official. GEO understands the routes described in the PWS are not all inclusive and that at the direction of the COR or designated ICE official, GTI will provide additional ground transportation to other locations. GTI will have a dedicated, experienced Transportation Supervisor at each Center who will respond directly to all ICE transport and fleet requirements. The GTI Transportation Supervisor will work closely with the ICE Transportation Coordinator/COR to ensure the missions are properly assigned and completed in a timely and efficient manner.

The Transportation Supervisor will ensure all trips are accounted for and coordinate billing invoices. Additional duties will include maintaining USDOT mandatory driver files and related clerical duties.

F. On-Call Guard Services

GEO will provide guard services on demand by the COR by escorting detainees to and guarding detainees while at medical or doctor appointments, hearings, ICE interviews and any other remote location requested by the COR or designated ICE official. These services will be provided by highly trained Officers, employed by GEO who will perform these duties in accordance with our policies, procedures and practices. GEO will augment practices as may be requested by the COR to enhance specific requirements for security, detainee monitoring, visitation and contraband control. GEO understands public contact is prohibited unless authorized in advance by the COR.

GEO's standard procedures for On-Call Guard Services will include the following requirements:

- Escort and maintain custody of the detainee(s) under order of the ICE COR
- Monitor all holding rooms – log health and welfare checks
- Serving detainees prepared meals provided by the government
- Searching holding cells for weapons or contraband

- Conduct limited pat-downs
- Receive, inventory, and search detainee property
- Transfer/escort detainees between holding rooms, processing area, court, and VTC rooms.
- Apply and remove detainee restraints
- Support Intake and processing of detainees, flight and transportation operations
- Provide support in processing operations as required for the removal process of detainees.
- Provide transportation services for intake and processing purposes
- Upon notification by the COR, provide detainee medical transportation to a hospital location and shall keep the detainee under supervision 24 hours per day until the detainee is ordered released from the hospital, or at the order of the COR.

GEO will maintain operational flexibility to accommodate requests for On-Call Guards received from the COR or designated ICE official as needed. GEO understands that to the extent possible, notification will be provided four hours in advance, and one Officer will be authorized for such posts unless otherwise specified by the COR.

GEO/GTI will employ the following processes to the On-Call Guard services:

- At all times during the performance of on-call guard services, GEO will provide at least one officer of the same gender as the detainee.
- GEO will deploy two officers for remote locations, unless additional officers are required per the direction of the COR or designated ICE Officer.
- Detainee meals will be provided when detainees are in GEO custody.
- The On-Call Guard will remain on their designated post for a minimum of two hours.
- GEO will remain responsible for providing security and preventing escapes.

All submitted monthly invoices for on call guard services will be itemized and state the number of hours being billed, duration of the billing (time and dates, to include travel to and from location being guarded) and the names and "A" numbers of the detainees that were guarded. These services will be denoted as a separate item on submitted invoices and will be submitted to ICE for reimbursement at the negotiated rate to be determined for each facility offered under this Requirement.

Pursuant to PWS Addendum 1 issued December 5, 2019, and as discussed in the Discussions Meeting between GEO and ICE on December 4, 2019, the overtime and guard service rate are both the same. Both services require overtime whether by backfilling posts or recalling an employee to duty.

G. Notice to Proceed

GEO understands the importance of being fully prepared to accept responsibility for performing the requirements of the contract. GEO welcomes ICE personnel to perform assessments of our progress and contract compliance and will implement any necessary corrective action to obtain the Notice to Proceed (NTP). GEO understands the Government reserves the right to extend the transition period until the NTP is issued, and this extension will be at no cost to the Government. GEO has never had a contract terminated for cause related to our inability to obtain an NTP within the established timeframe.

We are confident in our ability to meet the post-award activation timeline established by ICE. As a three-decade partner with ICE and the world's leading provider of immigration processing services, GEO has developed detailed plans to guide the start-up of new Centers. Our experience allows us to continuously refine these plans and ensure our performance exceeds client expectations.

GEO has designated a project manager who will oversee the tasks necessary to successfully activate each Center. The Project Manager will be responsible for facilitating communication between all functional areas to ensure adherence to the established schedule and will provide the support necessary to complete required activities upon which the NTP is contingent.

In accordance with RFP requirements and the list of deliverables contained within Section E of the RFP, GEO will submit in writing a Quality Control Program (QCP) and all other plans, policies, and procedures, including those identified in the PBNDS and ACA standards. GEO will not modify plans, policies or procedures that impact ICE operations without approval of the COR. As the current operator of 17 ICE Centers across the United States, including two (2) that currently provide services to ICE in California, GEO will be able to utilize existing policies and procedures currently in place under those contracts as a baseline to develop the requirements under this contract.

III. GENERAL

A. Notification and Public Disclosures

GEO will ensure that ICE approval is attained prior to releasing any information about the Center. Public disclosure will be managed through GEO's corporate information officer and ICE's Public Affairs office. Understanding that all information relating to this contract is considered privileged and confidential, no information will be disclosed without the express permission granted by ICE.

B. Records

All records regarding the performance of the Center will be retained in a retrievable format for three years. Unless directed otherwise, GEO will provide any records related to performance of the contract to the Government upon completion or termination of the resulting contract. All operations and services provided at the Center will comply with all statutes, regulations, and guidelines from the National Archives and Records Administration.

Records and information management functions will comply with the following laws and regulations: Chapters 21, 29, 31, and 33 of Title 44, U.S. Code; 36 CFR 12; 41 CFR 201 subchapters A and B; OMB Circular A-130; and DOJ Order 2710.8A, Removal and Maintenance of Documents. GEO understands criminal penalties for unlawfully destroying, damaging, removing, or improperly handling or releasing federal records are addressed in Chapters 37 and 101 of Title 18, U.S. Code.

GEO will notify the CO when a member of the U.S. Congress or any media outlet requests information or makes a request to visit the Center. Visits will comply with the PBNDS on Interviews and Tours. GEO will coordinate all public information related issues with the CO. All press statements and releases will be cleared, in advance, with the ICE Office of Public Affairs. GEO has coordinated multiple site visits for officials at our ICE Centers across the country with much success.

GEO will ensure employees agree to use, and do use, appropriate disclaimers clearly stating the employees' opinions do not necessarily reflect the position of the U.S. Government in any public presentations they make or articles they write that relate to any aspect of contract performance or Center operations.

All detainee files will be prepared, maintained, retired, and disposed of in accordance with ICE policy. Policy and procedures will be developed to ensure the confidentiality and security of all detainee files and will be utilized in the provision of services under this contract.

C. Right of Refusal

GEO retains the right to refuse acceptance of any detainee if the refusal is supported by a valid justification, such as a detainee found to have a medical condition that requires medical care beyond the scope of GEO's health care provider. In the case of a detainee already in custody, GEO will notify ICE and request removal of the detainee from the Center. GEO will work with ICE to allow reasonable time to make alternative arrangements for the detainee.

D. Hold Harmless

GEO will protect, defend, indemnify, save, and hold harmless the United States Government and its employees or agents, from and against any and all claims, demands, expenses, causes of action, judgments and liability arising out of, or in connection with, any negligent acts or omissions of GEO, its agents, sub-contractors, employees, assignees, or anyone for whom GEO may be responsible. GEO will cover any and all costs, expenses and attorneys' fees incurred as a result of any such claim, demand, cause of action, judgment or liability, including those costs, expenses, and attorneys' fees incurred by the United States Government and its employees or agents.

In awarding the contract, GEO understands the Government will not assume any liability to third parties, nor will the Government reimburse GEO for its liabilities to third parties, with respect to loss due to death, bodily injury, or damage to property resulting in any way from the performance of the contract or any subcontract under this contract.

GEO will maintain responsibility for all litigation, including the cost of litigation, brought against it, its employees or agents for alleged acts or omissions. GEO will notify the CO in writing of any litigation pertaining to this contract and provided copies of any pleadings filed or said litigation within five working days of being served such litigation. GEO will cooperate with Government legal staff and/or the United States Attorney regarding any requests pertaining to federal or GEO litigation.

Policy and procedures will be developed for each Center which ensure a positive relationship is maintained with all levels of the federal judiciary. Additionally, procedures will ensure a tracking system is established that mandates all judicial inquiries and program recommendations are responded to in a timely and accurate manner. All judicial inquiries and GEO's respective responses, specifically related to a detainee, will be incorporated into the detainee's file.

GEO will maintain a comprehensive Quality Control Program (QCP), which encompasses the requirements of this PWS.

GEO has dedicated considerable resources to the development of a Corporate Contract Compliance Department that is charged with the responsibility for working closely with staff at each of our Centers to monitor operations. The Contract Compliance Division operates as an independent, headquarters-based monitoring team that reviews all operational aspects of the Company's Secure Services operations.

The following information regarding Contract Compliance Department staffing and auditing methodology and frequency is proposed for initiation January 2020.

The Department includes five Directors and 17 Corporate Managers dedicated to Secure Services Facility and Processing Center oversight. In GEO's Western Regional Office, 1 Director of Contract Compliance and 3 Managers provide regional compliance oversight. Regional Contract Compliance Managers visit each Center on a periodic basis, and may participate in the Annual Corporate Audit, Follow-Up Audit, Ad Hoc Audit, and Ad Hoc Follow-up Audit when conducted, and during accreditation preparations.

At the Center level, major functional areas are audited on a regular basis. This systematic monitoring is what makes up the QCP. Each Processing Center will employ a full time Compliance Administrator (Quality Assurance Manager) with key responsibilities for achieving QCP goals.

Staff conducting self-audits and GEO corporate and regional personnel conducting annual compliance audits will inspect the following areas on both a scheduled and unscheduled basis:

- Administration and management
- Center security and control
- Detainee activities
- Safety standards
- Detainee legal resources
- Detainee care
- PREA
- Human Resources
- Fiscal management
- Training

- Medical
- Programs

The Government has reviewed and approved the Quality Control Programs that are currently in place at our existing ICE Centers. GEO will develop a site-specific QCP for each Center proposed under this Requirement based on these approved programs. GEO's QCP for this requirement is included as Section I.2 Quality Control Plan of this Volume. GEO will update the QCP as needed in accordance with the Deliverables Chart in Section E of the RFP. Any modification requested by the CO will be incorporated into the program. GEO will obtain approval of the program inclusive of any modifications prior to contract start date. GEO continuously monitors operations at each Center we operate to foster compliance with all contract requirements, client standards, and Federal, State, and local requirements.

The QCP will address all critical operational performance standards for the services required under this contract. A combination of both internal and external audits will be conducted to verify that services are maintained at a uniform and acceptable level. In the event services need correction, GEO will develop a mitigation or corrective action plan.

GEO will provide the COR with advance notice, at least 48 hours, of any audits scheduled at the Center.

F. Quality Assurance Surveillance Plan (QASP)

GEO's responsibilities to ICE throughout our existing contracts include the requirement to adhere to performance measures found in the Government-developed QASP.

Each location's Compliance Administrator (Quality Assurance Manager) will ensure the COR has proper access to conduct necessary monitoring, assessing, recording, and reporting on the technical performance of the contract on a day-to-day basis.

GEO will coordinate with the COR to accommodate the completion of the "Quality Assurance Surveillance Forms" which document their inspection and evaluation of GEO's work performance.

GEO understands the CO or designee has overall responsibility for evaluating GEO's performance in areas of contract compliance, contract administration, and cost and property control. The CO will review the COR's evaluation of the GEO's performance and invoices. If applicable, deductions or withholdings may be assessed in accordance with the evaluation of GEO's performance, e.g., monetary adjustments for inadequate

performance, as outlined in the Attachment 2A, Performance Requirements Summary of the PWS.

G. Failure to Perform Required Services

GEO understands the rights of the Government and its respective remedies described in this section are in addition to all other rights and remedies set forth in the resultant contract; specifically, where the Government reserves its rights under the Inspection of Services and Termination clauses. Any reductions/deductions in GEO's invoice will reflect the contract's reduced value resulting from failure to perform required services pursuant to the contract's Quality Assurance Surveillance Plan (QASP) and/or the Performance Requirements Summary (PRS). GEO understands we will not be relieved of full performance of the services under this contract and may be terminated for default if our performance is determined to be inadequate, even if a reduction was previously taken for any inadequate performance. **In more than 30 years of operations, GEO has not had a contract terminated for default. GEO establishes partnerships that are mutually beneficial with government clients.**

H. Inspection by Regulatory Agencies

GEO understands this contract is subject to inspection by Government agencies. These government agencies may include organizations such as:

- Occupational Safety and Health Administration (OSHA)
- Office of Inspector General (OIG)
- Department of Labor (DOL)
- Office of Management and Budget (OMB)
- Equal Employment Opportunity Commission (EEOC)
- Local health agencies

GEO will accommodate all required inspections, including but not limited to interviews, physical inspections, and requests for information. GEO will immediately inform ICE of all proposed inspections by Government or regulatory agencies. In the event GEO believes that a proposed or requested inspection is not required, it shall refer the matter to ICE and abide by ICE's determination as to whether the proposed inspection is considered to be required. GEO will participate in responding to all requests for information and inspection or review findings by regulatory agencies.

I. Performance Evaluation Meetings

As part of our partnership with ICE, GEO will hold monthly meetings with the COR to aid in the resolution of any identified issues at each Center. Further, each Center Administrator will maintain an open-door culture enabling continuous and impromptu communications. Additionally, GEO maintains high level communication with ICE headquarters through regular quarterly meetings between GEO Corporate Executive Staff and ICE Headquarters Executive Staff.

IV. Personnel and Staffing

GEO will ensure that staff comply with the requirements and provisions of RFP Section H.2 "Security Requirements - Required Security Language for Sensitive/But Unclassified (SBU) Contract Detention Facility".

A. General:

Candidates for employment under this contract will be required to successfully pass an Employee Fitness Screening. GEO understands the potential for employees to have access to sensitive DHS information, as well as the vulnerable nature of the population to be housed under this contract. As such, GEO will take all necessary steps to properly determine the suitability of applicants for employment. The criteria set forth under DHS Instruction 121-01-007-001 (Personnel Security, Suitability and Fitness Program), or successor thereto, will be incorporated into our recruit screening requirements to exclude candidates who do not meet these standards.

B. Preliminary Fitness Determination

GEO recognizes the authority of ICE to have full control over final decisions related to employee access to Centers and information. GEO will submit to ICE all required documentation to allow ICE to make fitness determinations for each candidate. GEO understands the granting of preliminary Fitness or final Fitness in no way prevents, precludes, or bars the withdrawal or termination of such access by ICE, at any time during the term of the contract.

C. Background Investigations

GEO policy requires that all candidates accepting a conditional offer of employment with GEO undergo initial background screening to ensure they meet GEO, federal, state, local and client requirements, as necessary. Additionally, all employees are subject to ongoing periodic background screening during the course of their employment with GEO to confirm they continue to meet such requirements.

GEO employees (which include applicants, temporaries, part-time and replacement employees) under the contract, needing access to sensitive information and/or ICE detainees, will be required to undergo a position sensitivity analysis based on the duties they will be expected to perform on the contract. The results of the position sensitivity analysis determine the appropriate background investigation which must be conducted.

GEO employees nominated by a COR for consideration to support this contract will be required to submit all required security vetting documentation to the Office of Professional Responsibility, Personnel Security Unit (OPR-PSU), through the COR, within 10 days of notification by OPR-PSU of nomination by the COR and initiation of an Electronic Questionnaire for Investigation Processing (e-QIP) in the Office of Personnel Management (OPM) automated on-line system. GEO's Human Resources staff will maintain contact with applicants to guide them through this process.

While GEO recognizes that OPR-PSU works diligently on all background investigations, we are concerned with the recent ongoing delays in the completion of fitness determinations at ICE facilities across the country. The sheer volume of submissions during prior activations has resulted in OPR-PSU implementing a "Prescreen Process" to prioritize and expedite background clearances for activating facilities. Although effective, this process impacts the completion of routine fitness determinations at all other operating facilities and has resulted in an ever-increasing backlog for employee clearances. Subsequently, hiring qualified staff and keeping them engaged during the lengthy hiring process remains a challenge. GEO currently uses a 3rd party vendor, with extensive experience in the fitness determination process, to review our employee submissions to OPR-PSU to ensure all submissions are complete.

In the event of extended delays in the background clearance process, GEO may fill open positions with overtime and temporary duty staff while waiting for OPR-PSU to complete fitness determinations. As a result of GEO's efforts to work cooperatively with OPR-PSU during background clearance delays beyond our control, GEO believes that employees who have been properly submitted to PSU pending a fitness determination should be considered within the applicable contract minimum staffing level of the facility in addition to the number of active GEO employees who have a valid fitness determination.

D. Transfers from other DHS Contracts

GEO understands personnel may transfer from other DHS contracts provided they have an adequate and current investigation. If the prospective employee does not have an adequate and current investigation which meets the new assignment requirement, GEO will direct the employee to submit the required documentation to initiate a new

investigation (the DHS 11000-25 with ICE supplemental page, indicating Contract Change) to OPR-PSU.

E. Continued Eligibility

Only eligible employees will be permitted to work under this contract; therefore, if a prospective employee is found to be ineligible for access to Government facilities or information, the CO or COR will advise GEO that the employee cannot continue to work or to be assigned to work under the contract.

Per GEO policy, GEO will conduct drug screening for probable cause at any time during the contract and/or when GEO independently identifies circumstances where probable cause exists. GEO will post the ICE "Drug Free Workplace Policy" in all contract work areas.

The OPR-PSU will conduct periodic reinvestigations every 5 years, or when derogatory information is received, to evaluate continued Fitness of GEO employees.

F. Required Reports

GEO will notify OPR-PSU of all terminations/resignations within five days of occurrence. GEO will return any expired DHS issued identification cards and building passes, or those of terminated employees to the COR. If an identification card or building pass is not available to return, a report will be submitted to the COR, referencing the pass or card number, name of individual to whom issued, and the last known location and disposition of the pass or card. The COR will return the identification cards and building passes to the responsible Unit. These reports will be coordinated through human resources staff at each Center.

GEO will report any adverse information coming to our attention concerning GEO employees under the contract to the OPR-PSU through the COR, avoiding any information based on traditionally unreliable sources such as rumor or innuendo. The subsequent termination of employment of an employee does not remove the requirement to submit this report. The report will include the employees' name and social security number, along with the adverse information being reported.

GEO will provide, through the COR, a Quarterly Report containing the names of personnel who are active, pending hire, have departed within the quarter or have had a legal name change with documentation. The list will include the Name, Position and last four digits of their SSN and will be retrieved from system(s) used for contractor payroll/voucher processing to ensure accuracy.

All sensitive information will be protected from loss, misuse, modification, and unauthorized access in accordance with DHS Management Directive 11042.1, DHS Policy for Sensitive Information and ICE Policy 4003, Safeguarding Law Enforcement Sensitive Information." GEO employees who are involved with management and/or use of information/data deemed "sensitive" to include 'law enforcement sensitive" will be required to complete the DHS Form 11000-6-Sensitive but Unclassified Information NDA prior to being able to access such sensitive information.

G. Security Management

The Facility Administrator will be the senior on-site official to interface with the OPR-PSU through the COR on all security matters, to include physical, personnel, and protection of all Government information and data accessed by the Contractor. In the event GEO is notified by the COR of any finding of non-compliance with the security requirements of this contract, GEO will take the proper corrective action to ensure compliance is restored.

H. Information Technology Security Clearance

GEO will provide for the administrative control of sensitive data being processed and to adhere to the procedures governing such data as outlined in DHS MD 4300.1, Information Technology Systems Security, or its subsequent replacement. GEO will ensure employees understand, through training, the importance of compliance with security policy, and the potential penalties associated with non-compliance.
GEO takes reasonable and appropriate steps to protect its information and information systems from a variety of threats such as error, fraud, sabotage, privacy violation, and service interruption. All users of GEO Systems and IT Resources, whether they are GEO employees, temporary employees or consultants, are responsible for protecting sensitive information from unauthorized access, modification, duplication, destruction, or disclosure. GEO endorses and implements the following security principles:

- Identification (e.g. User IDs) and authentication (through passwords and/or PINS)
- Authorization (e.g. access roles and access control)
- Confidentiality (e.g. encryption), integrity (e.g. the accuracy of system, data, and message storage and transmission), and availability (e.g. accessibility when needed)
- Accountability (e.g. tracking and audit)

I. Information Technology Security Training & Oversight

GEO employees using Department automated systems or processing Department sensitive data will receive Information Assurance Awareness Training (IAAT), to be

provided by the appropriate component agency of DHS. GEO will ensure staff with management, use, or operation of any IT systems that handle sensitive information within or under the supervision of the Department receive periodic training at least annually in security awareness and accepted security practices and systems rules of behavior. Supervisors will be mindful of the behavior of personnel accessing systems and any unauthorized access, sharing of passwords, or other questionable security procedures will be reported to the local Security Office or Information System Security Officer (ISSO).

Cybersecurity awareness is reinforced through GEO's use of web-based training videos which are sent to staff on a monthly basis. Each video is between three to four minutes long, increasing the likelihood that employees will participate in the training and retain the information provided. These monthly video training modules are tracked to each individual user account and weekly reminders are sent to the user to ensure the module is completed. The training covers issues such as password security, phishing, privacy, HIPAA, ransomware, office hygiene, and data/information protection.

J. Processing Center Staffing Plan, Floor Plan and Key Personnel

A staffing plan for each Center being proposed under this Requirement has been provided as an attachment to this Volume. GEO's staffing plan reflects a well-thought out and efficient strategy for staffing each Center.

Please see site-specific staffing plans - attached

The approved staffing plan (number, type, and distribution of staff) will be maintained throughout the duration of the contract. Any proposed changes will be made upon approval by the CO and COR. ~~At no time throughout the contract will the approved staffing levels fall below a monthly average of 95%.~~ Staffing levels will be maintained in accordance with PWS Addendum 1 to the RFP, which requires a monthly average of 85% for custody staff, 80% for health services, and 85% for all other departments of the total ICE-approved staffing plans. A monthly vacancy report will be submitted to the COR with the current monthly average vacancy rate and a listing of all positions that have been vacant more than 60 days. GEO understands any position vacant for more than 60 days may result in a deduction by the CO from the monthly invoice.

1. Minimum Staffing Requirements

In accordance with the RFP, except for the agreed upon Transition or ramp up periods, the Center will be appropriately staffed with employees who have been screened and approved by ICE to provide for the secure care, control, and supervision of detainees. GEO has existing procedures in place under other contracts with ICE governing the creation and submission of assignment rosters, and we will utilize these

procedures in the development of operations under the new contract. Assignment rosters will be maintained in the Lieutenant's office and submitted to ICE by the Facility Administrator's office. The daily roster will be posted 24 hours in advance. Any vacancies that do occur during normal operations will be quickly filled with qualified new hires. At any time, at least one officer of the same gender as the detainees will be assigned to each post.

2. Supervisory Staffing

GEO will develop a full roster of supervisory staff that has been approved for employment and provide to the COR prior to service commencement. GEO Supervisory Officers will be experienced and qualified professionals who are qualified and trained to provide service to ICE under the contract.

In the absence of the Facility Administrator, GEO will appoint another qualified person who meets the Facility Administrator and security clearance requirements to temporarily fill that position. GEO will ensure this individual only performs the job duties of the Facility Administrator in providing oversight and direction to GEO's Officers and interfacing with ICE CORs and/or designated ICE Officers and the Contracting Officer on all contract-related matters.

3. Key Personnel

GEO will identify qualified, experienced candidates to fill the key personnel positions required for the Centers proposed under this requirement. Each candidate will possess the requisite knowledge, skills and abilities that will ensure the efficient, safe and secure operations. Each selected candidate will be 100% committed to the project throughout the duration of the contract, having a positive impact on GEO's performance through their dedication to meeting the operational needs of the Center. Full time commitment from our key personnel at each Center proposed under this Requirement will provide consistency and support the development of operational expertise in our employees.

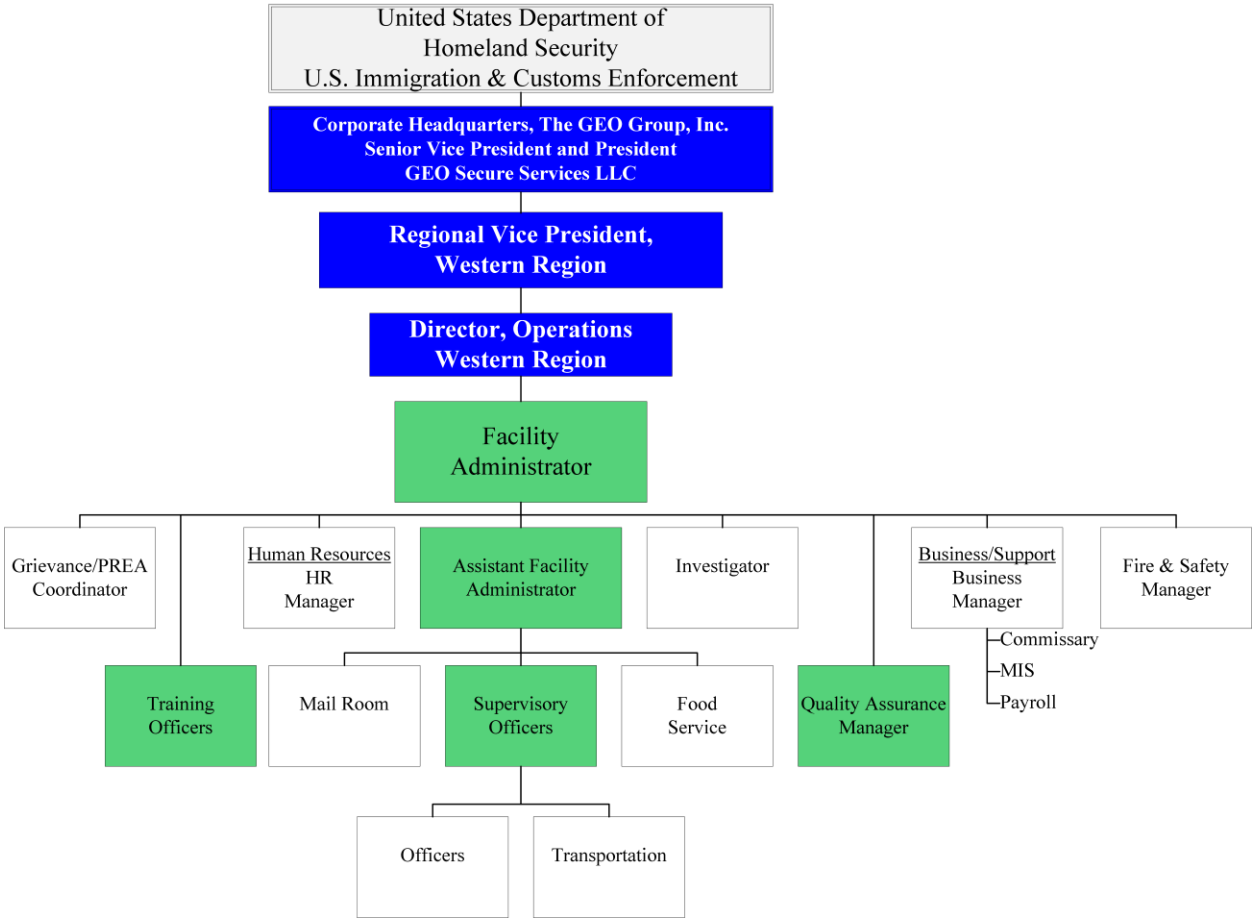
4. Processing Center Floor Plan and Guard Post Map

In accordance with the RFP, GEO is providing a floor plan for each Center proposed under this requirement which identifies all proposed Officer posts and corresponding shift assignments. For ease of review, shifts are grouped by color. Post-award, floor plans updated with any required revisions will be submitted with the final Center staffing plans to depict all officer posts, to be approved by the CO/COR prior to commencement of services under this contract. GEO will submit any necessary changes to the guard posts or shift requirements to the CO/COR for approval prior to implementation.

Please see Processing Center Deployment Plans – attached

5. Organizational Chart

Additional details on each Center's staffing strategy as well as a full-size Center Organizational Chart that depicts the structure of authority, responsibility, and accountability within each Center are provided as attachments to this Volume. The standard organizational structure of the major functional areas of the Center is depicted in the figure below.



This organizational chart will be updated as necessary throughout the duration of the contract and provided to the CO or COR as required or requested.

K. Employee Health

Health files for each employee will be maintained on site, in a locked cabinet to prevent unauthorized access. These files will be under the supervision of the Center Human Resources (HR) Manager. Health files will be maintained in accordance with DHS and ICE Privacy Policies and the Privacy Act of 1974 and will contain the following documents:

- Initial and annual TB infection screening results
- Vaccination records including results, titers, and Immunization Declination Form(s)
- OSHA 301 Incident forms
- Blood borne pathogen exposure documentation
- Annual respirator medical clearance
- Fit test results
- Other employee health documents

GEO may initiate employment of an individual who has begun the required vaccines and the individual may be hired and work on the contract as long as they meet all subsequent vaccine schedule requirements until fully vaccinated. The Human Resources Manager will be responsible for keeping record and following up on the status of employees who must follow a vaccination schedule to ensure they meet all subsequent requirements.

All GEO personnel will be required to provide documentation regarding the following:

- History of testing for tuberculosis (TB) within the last 12 months:
    - Chest x-ray if employee has a history of LTBI, treatment history for LTBI or TB disease, if applicable.
    - Additionally, on an annual basis and at own expense, GEO will provide a current TST or IGRA test result if the employee previously tested negative for LTBI, evaluation for TB symptoms if the employee previously tested positive for LTBI and follow up as appropriate in accordance with Centers for Disease Control and Prevention (CDC) guidelines.

The required documentation will be placed into the employee health file. HR staff will be responsible for auditing files of staff to ensure proper documentation of TB testing is included.

Recommended Immunizations

GEO recognizes the preventable nature of high-risk diseases that may be transmitted or acquired as a result of employment within a Processing Center environment. As vaccinations are widely available for these diseases, which include Hepatitis A, Hepatitis B, measles, mumps, rubella, varicella, diphtheria, tetanus, a-cellular pertussis and seasonal influenza, GEO will recommend security staff take these vaccines. If staff decline or refuse any of these recommended vaccines, they will be required to complete an Immunization Declination Form and the COR will be notified. GEO understands ICE reserves the right to refuse employees that refuse vaccines. GEO will follow the OSHA regulations regarding Blood-borne Pathogens for the provision of Hepatitis B vaccinations.

Security staff will be required to provide proof of immunization or titer results to the HR Manager for placement in the secure employee health file. For employee immunizations, GEO will reference the CDCs Immunization of Health Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC).

L. GEO Employee Rules

Nationwide, all GEO employees are provided with Employee Handbooks, policies, and procedures which provide them with essential information regarding their rights and responsibilities. Areas addressed by Employee Handbooks include, but are not limited to, the following:

1. Organization
2. Recruiting procedures
3. Opportunities for Equal Employment
4. Qualifying for jobs, job descriptions, responsibilities, salaries, and fringe benefits
5. Screening employees for illegal drug use
6. Holidays, leave, and work hours
7. Personnel records, employee evaluations, promotion, and retirement
8. Training
9. Standards of conduct, disciplinary procedures, and grievance procedures
10. Resignation and termination
11. Employee-management relations
12. Security, safety, health, welfare, and injury incidents

The GEO Employee Handbook and applicable policies and procedures are provided to each employee and are explained in detail at employee orientation. Employees are required to sign a confirmation that they have received and reviewed these documents. The documents are reviewed and revised, as needed. These documents are developed by GEO as a guideline for personnel to perform their duties and to provide a sound administrative base for dealing with personnel matters.

Policies outlined are binding for all personnel. These policies and procedures are as specific as possible. Critical incidents may occur which these documents do not address; in these cases, supervisory discretion will be exercised.

GEO will provide copy of the rules or policies to our employees at each Center proposed under this requirement. Upon request by the GEO will submit verification to the Government that all employees have reviewed a copy of the rules or policies.

M. Minimum Standards of Employee Conduct

The employee conduct policy will be made available to every employee and each employee will sign a statement to acknowledge having read, understood and agreeing to comply with the requirements contained in the policy.

GEO and members of GEO's staff will never:

- Display favoritism to or preferential treatment of, one detainee or group of detainees over another
- Discuss or disclose information from detainee files or cases outside of the performance of professional duties under this contract
- Display any favoritism or preferential treatment to family, friends of employees or detainee family members
- Enter any business relationship with detainees or their families (i.e., selling, buying or trading personal property), or personally employ them in any capacity
- Have outside contact (other than incidental contact) with a detainee residing at a Processing Center or their family or close associates, except for those activities which are approved as part of the contract and part of the employee's job description

All employees providing services under this contract will be held to these standards. All employees will be required to immediately report to the Facility Administrator or ICE Supervisor any criminal or non-criminal violation or attempted violation of these standards.

Violations may result in employee removal from the Center. GEO agrees failure on the part of GEO either to report a known violation or to take appropriate disciplinary action against offending employee or employees will subject GEO to appropriate action including possible termination of the contract for default.

It is GEO's policy to administer discipline in a consistent and fair manner. There are guidelines and procedures designed and adopted to implement this policy which will guide the internal and safe operations of the Center. The procedures therein do not create any legally enforceable interest or limit the Facility Administrator's authority to terminate any employee.

Employees of the Center will be expected to conduct themselves in a manner that creates and maintains respect for themselves as well as the Center, in all their activities, personal and official. They will be required to be mindful of the high standards of behavior expected of them and avoid any action(s) which might result in, or create the appearance of, impropriety or adversely affect the confidence of the public in the integrity of the Center. Failure by employees to adhere to policy and procedure regarding conduct will result in further disciplinary action, up to and including termination.

GEO will not employ any person who is currently an employee of any federal agency – including active duty military personnel (excluding military reservists or members of the National Guard) – or whose employment would present an actual or apparent conflict of interest.

N.Removal from Duty

In order to deter and improve behavior or performance issues, reduce occurrences of employee policy breaches and minimize Standards of Conduct violations, supervisors will be trained and expected to take progressive disciplinary action. This means that when required, employees will be subjected to the progressive disciplinary process, from less severe discipline to more severe discipline, unless the severity of the infraction or violation warrants immediate stronger action. It should be understood that progressive discipline is discretionary, and any violation of company policy, Processing Center, or company handbook, contractual requirement or statutory prohibition can, because of the severity of the offense, result in dismissal as an initial sanction.

At the direction of the COR, GEO will reassign employees who have been arrested or who have alleged misconduct to duties that do not permit direct contact with detainees pending the disposition of the charges. Any alleged misconduct will be reported immediately to the COR. If such reassignments are not available, GEO will remove the employee from work under this contract and other ICE contracts.

Upon receiving and confirming information regarding an employee that would disqualify him/her from employment under the contract, GEO will, upon notification by the COR, immediately remove the employee from duty. The disqualified employee will have his/her identification credentials revoked. GEO will complete any required dispositions.

Disqualifying information includes but is not limited to the following:

1. Conviction of a felony, a crime of violence, domestic violence, or a serious misdemeanor
2. Possessing a record of arrests for continuing offenses
3. Falsification of information entered on suitability forms
4. Non-payment of court ordered payments (child support, liens, etc.) or excessive delinquent debt as determined by credit check
5. Misconduct or negligence in prior employment, which would, have a bearing on efficient service in the position in question, or would interfere with or prevent effective accomplishment by the employing agency of its duties and responsibilities
6. Alcohol abuse of a nature and duration, which suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of others
7. Illegal use of narcotics, drugs, or other controlled substances, without evidence of substantial rehabilitation
8. Introduction of contraband into or unto the Center

GEO understands an employee may be removed who has been disqualified either for security reasons or for being unfit to perform his/her duties as determined by the COR or the Contracting Officer.

GEO procedures regarding involuntary separation require the development of an involuntary separation recommendation, which includes the following:

- Report of investigation
- Employee's statement
- Report of offense
- Witness statements
- Any previous disciplinary actions in the prior 12-month period before the current incident

Supervisory personnel will take immediate measures to ensure that the employee's access to operations and movement around the Center is minimal and supervised until the employee leaves the Center. Arrangements will be made for the return of Government Furnished Property and GEO-issued property. Once the employee leaves the Center, the employee shall have no further access to the Center. GEO will ensure all procedures to be implemented related to employee removal from duty are aligned with ICE instructions, policies, and procedures for the management of this Center.

O.Tour of Duty Restrictions

At each Center, the payroll clerk will utilize the KRONOS timekeeper to monitor and ensure compliance with the contract requirement precluding uniformed staff from exceeding 12 hours in any 24-hour period. GEO's shift supervisors will schedule staff accordingly to ensure such employees have a minimum of eight hours off between shifts and that authorization is obtained from the COR prior to an employee performing services that exceed 12 hours. In the event the employee is performing other duties for GEO or another employer, GEO will account for those hours worked towards the 12-hour limitation.

GEO will utilize Kronos Workforce TeleStaff software to manage scheduling. GEO Centers use TeleStaff to maintain rosters, post assignments, ranks, schedules, qualifications, time off requests, and deployment of special events. Operational policies and Telestaff govern practices utilized to backfill planned and unexpected vacancies. GEO has integrated TeleStaff with our other internal systems to automate maintenance of people and to provide integration of schedules, accruals, and timecard punches to GEO's Kronos Time and Attendance software. This web-based solution will allow GEO to provide roster reporting to ICE.

P. Dual Positions

At each Center proposed under this Requirement, a staff member may be appointed to an acting position when a supervisory officer is not available for duty. In such cases the Chief of Security may identify a temporary replacement. Employees will not be allowed to hold the positions of Officer and Supervisory Officer simultaneously. This will be enforced and verified through daily reviews of the roster by the Chief of Security.

For individuals acting in a supervisory position that exceed a two-week period, GEO's policy permits for a temporary promotion to supervisory level.

Q. Post Relief

At each Center proposed under this Requirement, post orders will state that Housing Officers will not leave their assigned post unless properly relieved and authorized by the Shift Lieutenant. Officers will contact the Shift Lieutenant when they require/request a relief and will remain on post until relieved by designated staff. For gender specific posts, the relieving Officer will be of the same required gender.

All Housing Officers will be required to read and review post orders upon assignment to his/her post daily.

R. Personnel Files

GEO will maintain a system of personnel files and make all personnel files available to the CO and the COR upon request. These files will be maintained and current for the duration of the employee's tenure under the contract. The files will contain verification of training and experience and credentials for all the staff. The HR Manager at each Center will be responsible for personnel files.

Employees will be encouraged to review their records for accuracy. A written request should be submitted to the Human Resources Department to initiate an appointment. If there is any correction needed, the employee should request it in writing and submit it to the Human Resources Representative at the Center.

In accordance with GEO corporate policy and client requirements, personnel files will contain the following, when required:

- Resume
- Application for employment
- Supplement to application for employment
- Offer letter
- Authority and release for psychological examination and evaluation
- Personnel action forms
- Polygraph release: Polygraph Examiner's Worksheet (without charts) to be retained in the file only for employees hired prior to December 27, 1988
- Release for background investigation information
- New employee background check (credit, criminal, motor vehicle, and any other reports applicable to the Center).
- Police/criminal record form letter
- Non-compete agreement

- Relocation agreement
- Employee data form
- Employee disciplinary action form (It is also appropriate to include related correspondence and documents in support of reprimands.)
- Letters of commendation
- Letters of resignation and exit interview statements (This may include other related documents.)
- Performance reviews
- Uniform and accessories record
- Licensing requirements/documents
- All Federal, State, local forms and documents required by law, including fingerprint cards
- All correspondence, memoranda and other materials related to an employee's performance or the terms and conditions of employment.
- Notes of issuance of GEO property (credit cards, keys, etc.)

S. Uniform Requirements

The uniform requirements described below will apply to Supervisory Officers and Officers who perform work under the contract:

The Center will issue uniforms to those employees with positions that require a uniform appearance, such as officers and supervisory officers, food service personnel, and transportation officers. GEO Policy will set forth the official uniform description and conditions of wear. This policy will be reviewed annually. The Facility Administrator or designee will ensure security staff are inspected daily for uniform compliance and adherence to grooming standards for male and female uniformed staff.

Non-Supervisory security staff will be issued three sets of uniforms which include: polo shirts with GEO insignia, name plate, uniform trousers, duty belt, duty flashlight, jacket, hat, and chain for keys. Supervisory security staff will be issued polo shirts with GEO insignia, gold Lieutenant Bars, gold name plate, uniform trousers, duty belt, flash light, rain coat and chain for keys.

Prior to the contract performance date, GEO will document to the COR the uniform and equipment items that have been issued to each employee. Employees will use GEO-issued uniforms and equipment only. GEO understands the COR will approve or

disapprove any uniform apparel. GEO will provide a submittal of the uniform or any uniform changes to the COR for approval.

All GEO employees providing services at each Processing Center proposed under this requirement, uniformed and non-uniformed, will be required to have GEO-issued and other required identification credentials in their possession while on the premises of the Center. Identification credentials may include:

- Photo identification card bearing an encrypted, personalized bar code which makes the cards difficult to replicate.
- A printed document with personal data and employee physical description including name, gender, date of birth, height, weight, hair color and eye color; date of issuance, employee signature, and supervisor signature.

GEO staff will not possess wallet type badges or credentials. All credentials will be approved by the COR or other ICE-designated official.

T.Permits and Licenses

GEO is licensed as a qualified security service company in accordance with the requirements of the district, municipality, county, and state in which the ICE work site is located. GEO will ensure all required permits and licensure are maintained throughout the duration of the contract and available for Government Inspection upon request.

Licensing of Employees

GEO will ensure each employee has the proper registration, commissions, permits, and licensure required by the district, municipality, county and state of California, where the ICE work site is located. GEO will verify all licenses and certifications prior to employees entering duty.

Jurisdiction

GEO will not extend services into any other areas that are not under the charge or control of ICE.

U.Encroachment

Security procedures that will be put into place at each Center proposed under this Requirement will prevent GEO employees from having unauthorized access to Government equipment, documents, materials and telephones. Restricted areas will be secured from unauthorized entry.

All staff will be provided training on GEO IT procedures and other electronic safeguards during orientation and annual in-service training.

V.Work Schedules

Preparation

One week in advance, the Supervisory and Officer work schedules (inclusive of relief officers) will be prepared, for a two-week period, and posted in Office in Charge (OIC) and staff lounge, where available. A manpower report will be submitted to the COR as required. Changes in duty hours will also be posted on this form in sufficient time to ensure 24-hour advance notice. At the completion of each shift, upon request of the COR, GEO will also provide an employment report listing for each employee who actually worked, work classification, post assignments, and hours worked, as well as total hours worked by supervisory and non-supervisory employees.

Starting & Stopping Work

All employees will be required to be dressed in full uniform, if required, and ready to begin work promptly at the beginning of each shift. Each employee will remain at the duty locations until the shift is completed.

Recording Presence

The Center will utilize the KRONOS time-keeping system, an electronic module, which captures and computes employee attendance and departures. Upon reporting and departing work, employees will document their attendance by swiping GEO Issued ID Cards then placing their fingers on a biometric finger recognition scanner. This provides real time accountability, leaves no room for errors and provides an extensive reporting capability. The presence, exit, and entry of all visitors entering the Center will be manually captured on the Official visitors log to record their presence. GEO will utilize this system which has proven to meet the Client's needs under other ICE contracts.

Work Relief

At all times, GEO will ensure proper relief coverage during the contract. The supervisor will schedule for proper qualified staff to cover the necessary post.

W.Training

It is GEO policy to provide training to all employees to empower them with the knowledge skills and abilities to perform their assigned job duties. Employees perform more efficiently and effectively when they are properly trained. Training creates a better work environment and enables staff to realize greater job performance satisfaction.

GEO's training program at each Center proposed under this Requirement will be managed by a dedicated Training Administrator located full-time at each Center. The Center Training Administrator will schedule, conduct (in concert with Department-head level subject matter experts), facilitate, and document all training activities required under the contract, including management of the GEO Learning Management System (LMS).

Officers will not perform duties under this contract until they have successfully completed all initial training and the COR receives written certification from GEO. Any remuneration or pay due to GEO employees in accordance with U.S. Department of Labor regulations for any training time is GEO's responsibility. GEO will not use alternative or E-training techniques, unless approved in writing by the CO via the COR. The training site will be provided at no additional cost to the Government.

Training objectives will be established along with a specific written statement of the goals expected for successful completion of the training program. Training programs will include established requirements for completion, attendance recording, and a system for recognition of completion.

General program objectives for training will be as follows:

- To inform new employees of the Center's mission and institutional goals
- To instruct new employees in Center policies, procedures, and programs
- To familiarize new employees with the Center 's physical plant
- To provide existing employees with improved skills in their specialty area
- To convey new job skills to employees in all specialty areas
- To provide a team of trained resource staff at all levels of management
- To develop human relations skills to assist in establishing productive, meaningful, and professional relationships with detainees

The Facility Administrator is responsible for the overall operation of the Center training program, and the Training Administrator is responsible for implementation of the training policy.

Training provided to Center staff will include typical classroom instruction as well as other recognized educational strategies. Employee positions and job responsibilities will determine the type and quantity of training required. This will be addressed in the annual training plan.

Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered. This is particularly important in life-safety subject

areas such as firearms, chemical agents, self-defense, force and restraints, emergency response, first aid, CPR and in areas of ethical conduct.

Key components in developing the training program include:

- Design of training based on the needs of the Center;
- Scheduling training in phases so applicable standards, contractual obligations, and policies are compliant; and
- Delivering training in professionally developed formats that ensures skill-based competency testing.

All new Officers will receive 180 hours of training during the first year of employment, comprised of Basic, On-the-Job training and Additional Training during their Initial 60-Day Period. Refresher training will be provided annually.

The following training categories will be established:

- Initial training for all staff upon employment with the Center
- Annual refresher training for all staff that serves to maintain minimum competencies in necessary job skills and informational areas
- Emergency training for pre-identified staff so every employee likely to be called on in an emergency can respond efficiently and effectively
- Other specialty training mandated by statute, standards, or regulations

Requirements for training will depend on each employees' job duties and will be performed in accordance with the requirements of the PWS.

All employees at the Center will be trained in basic first aid and CPR. All CPR certified staff will be trained by a certified health organization such as American Red Cross, American Heart Association, or American Safety and Health Institute.

Supervisory Training

Prior to assuming duties, all supervisory Officers will receive 40 hours of formal supervisory training. This program includes situational leadership, KRONOS, and transition training. GEO ensures supervisors attend a 40-hour block of instruction designed for New Supervisors. This course is modeled after and uses material from the National Institute of Corrections (NIC). The course includes: Communications Skills, GEO's Uniform Policies, Security Inspections, Staff Motivational Techniques, Use of Tele-Staff for Scheduling and Overtime Control, GEO Human Rights policy, Detainee Supervision Staff- Detainee Relations, Use of Force, and Emergency Response.

Additionally, supervisors will receive 24 hours of professional development training each calendar year. Any additional courses added to the above curriculum will undergo an approval process by the COR. New Supervisors Training will be completed prior to a staff member assuming the duties of Supervisor. Records of completion will be maintained in the Learning Management System (LMS) and will be made available to the COR.

Training will be conducted using certified instructors. The Training Administrator will complete, at a minimum, a 40-hour train-the-trainer course. Each instructor will be approved by the COR prior to the start of the training course. GEO ensures all instructors attend a Training for Trainers course prior to instructing any pre-service, in-service or specialty curriculum. GEO also ensures all specialty trainers such as Defense Tactics, CERT or Firearms have received a Certification within that field from either a State or Federal government or a nationally certified private vendor.

Training Documentation
GEO will utilize a Learning Management System (LMS) to ensure that every employee providing services under this contract has completed the appropriate training, that training is up to date, and that the training is provided on time. A monthly training forecast will be developed and submitted to the COR or alternate COR, which includes the dates, times, and locations of scheduled training. A monthly list will be maintained outlining the training completed and a list or database of each employee's training history and pending training requirements. The list will contain the training hours, type of training, date and location of training, and the name of the instructor for each employee. Training records will be updated in the Learning Management System.

V.DETENTION SERVICES

A.Detention Site Standards

The Center will operate in strict conformance with ACA and DHS Standards. GEO recognizes there is a relationship between the cleanliness of the Center and the health, safety, security, and morale of the detainees. Policies that detail the process and quality level required to meet sanitation and hygiene standards for each area of the Center will be followed. The Fire and Safety Manager will work with a qualified pest control company to conduct frequent and spot services to ensure the Center is vermin/pest free.

Under the direction of the Center staff, custodial services will be provided in the following areas:

✓ Office Areas (including ICE Offices)	✓ Recreation Areas
✓ Hallways	✓ Health Services
✓ Entry Areas/Outside Areas	✓ Hair Care area(s)
✓ Restrooms	✓ General Use Rooms
✓ Equipment Room	✓ Visitor Areas
✓ Storage Areas	✓ Administrative Control Areas

Clean, well-maintained and suitable linens and bedding supplies are conducive to good morale in the Center. The basic issue of linen typically includes two sheets, one pillow, one pillowcase, one non-combustible mattress with cover, and a sufficient number of clean blankets to provide comfort under existing temperature conditions. GEO will supervise and distribute these items to detainees as required.

GEO will ensure each detainee has access to clean bed linen and towels by supervising and distributing such items at least weekly, or sooner if excessively soiled or unsanitary. GEO will ensure articles necessary for maintaining proper hygiene are available to all detainees. Detainees, including those with disabilities and special needs, will be able to maintain acceptable personal hygiene practices. Detainees will be provided with clean clothing, linen and towels on a regular basis to ensure proper hygiene. Undergarments will be exchanged daily, outer garments at least twice weekly, and sheets, towels, and pillowcases at least weekly. Blankets will be exchanged every 30 days.

GEO will ensure detainee housing areas are inspected by a supervisor a minimum of once per shift. A security logbook will be used to log records of the inspection. The security logbook will be available for review by the COR or ICE designee. The Chief of Security will serve as the coordinator of the sanitation inspection program designed to ensure that:

1. All areas are clean and orderly
2. Lighting, ventilation and heating equipment function properly
3. No fire, safety or health hazards exist
4. All equipment, tools and security devices perform properly
5. All plumbing equipment including toilet, showers, washing and laundry facilities operate properly
6. A review of previous reports of deficiencies is conducted

Each staff member is responsible for overseeing the sanitation levels in their assigned area. If a deficiency is found, the staff member will put in a work order to have the

situation remedied. GEO will check all locks, windows, walls, floors, ventilators, ventilation covers, access panels, and doors daily for operational wear and detainee tampering. Any defective equipment will be reported immediately to the COR or ICE designee.

GEO will follow established policies and procedures relating to the security of the Center to prevent possible escape attempts. A comprehensive security-inspection system must cover every area in the Center, including the perimeter fence-line and all security cameras. Officers assuming their posts shall conduct a security check of the area, record the results in the post logbook, and prepare and submit maintenance work requests as necessary. Supervisory staff will conduct a daily patrol, including holidays and weekends, of all areas occupied by detainees.

GEO understands the Center is subject to periodic and random inspection by the COR, ICE designee, or other officials (e.g., ACA, Foreign Counselor Officers) to ensure compliance with ICE Standards. Deficiencies will either be immediately rectified or a plan for correction will be submitted to the COR for approval.

Fire and emergency exits will be unimpeded, permitting prompt evacuation of detainees and staff members in an emergency. All employees will be knowledgeable of and trained on all Center evacuation plans and procedures, including the location of all exits to be used in the event an evacuation is required.

B.Language Access

Translation services will be provided for communication with detainees who do not speak or comprehend the English Language. GEO will actively recruit bilingual staff and offer incentives to staff within the company for reassignment to the Center to ensure the availability of sufficient bilingual staff. In addition, GEO may provide continuing education assistance to those employees who wish to become bilingual. Detainee interpreters will be used only in emergency situations. GEO utilizes Language Line Services for telephone translation services.

C.Health and Medical Care Policies

GEO will manage and operate the Center in compliance with written policies and procedures that govern emergency medical care, prompt summoning of emergency medical personnel, evacuation, and duty officer response. GEO Officers will be trained to treat requests for medical treatment with a sense of urgency.

D.Medical Services

Medical services at the facilities proposed under this Requirement will be provided by Wellpath, under contract with GEO, and will encompass the requirements established in the PWS. Wellpath is a leading provider of a wide range of health care services, ancillary services, and products with more than 35 years of experience. GEO will provide Officers to cover the medical unit, the infirmary, and mental health, and will escort detainees to the medical clinic for sick call, appointments, and pill line.

Health Care

Wellpath has a comprehensive, in-house detainee health care system that includes medical, dental, mental health, recordkeeping and ancillary services. Wellpath will comply with the standards promulgated by the National Commission on Correctional Health Care (NCCHC), ACA, the PBNDS, as well as all applicable State of California regulations, Federal laws and court orders in effect at the time of this Solicitation.

Health Care Administration – Health care services are an inherent part of the overall secure services management program. Wellpath's in-house licensed health services staff will provide clinical and management expertise to all detainees at the Facility 24 hours a day, seven (7) days a week. The medical unit will be equipped to provide primary care and emergency health care on-site, to include on-site medical observation. Arrangements with outside laboratories, pharmacies, hospitals, diagnostic services and specialists will be made to augment or complement our health care services and to ensure that the health and welfare of the detainee population is met. The Health Services Administrator is the Facility-designated health authority responsible for the delivery of health care services and will have full authority to act on behalf of Wellpath in all matters relating to the administrative operation of health services at the Facility. The licensed, responsible Physician has the final authority regarding clinical issues. A Regional Manager will oversee all personnel selection, training and supervision to provide professionalism, quality service and compliance with Wellpath's professional and client standards.

Intake Health Screening – Intake/Release provides the requirements of detainee intake health screenings. Facility Medical staff will immediately be advised of the detainee(s) arrival and they will perform a preliminary health screening. No detainee will be admitted into a housing assignment without medical clearance.

All new intakes receive a thorough screening for TB at the intake process. Upon receiving a TB test, information is immediately recorded in the health care record and the detainee is given an appointment to return to the medical department for the final reading. The final reading is recorded in the health care record and follow-up with a medical provider is scheduled, if required.

An initial receiving/intake screening will be completed on all detainees within 12 hours of entering the Facility. The receiving/intake screening will be completed by health services staff and comply with all requirements of PBNDS Intake Screening Form.

The findings of the receiving/intake screening and subsequent evaluations will be recorded on the appropriate PBNDS form and will become a permanent part of all medical record. Based on the receiving/intake screening, the health services staff will determine what restrictions, if any, must be considered for proper placement of the detainee while at the Facility. In addition, an immediate referral to an appropriate health care service or health care provider will be initiated, as medically indicated.

Medical, Mental Health and Dental Appraisals – A comprehensive health assessment will be completed for each detainee within 14 days after arrival at the Facility. When the detainee is readmitted to the system, their health status will be updated as appropriate. All elements of the health assessment will be conducted by the health services staff. Essential elements of the health assessment will include the following:

- Review of receiving/intake screening performed during intake
- Collection of historical data to complete the medical, dental, mental health and immunization histories
- Recording of vital signs, which includes height, weight, pulse, and temperature and blood pressure
- A mental health evaluation
- A physical examination that includes attention toward oral health and dental problems
- Routine lab work to determine the presence of communicable disease, if clinically indicated
- Additional laboratory work, as clinically indicated
- Vision and hearing screening
- Appropriate treatment or therapy as indicated
- Immunizations in compliance with the U.S. Public Health Service (PHS) and Centers for Disease Control (CDC), if indicated

All information recorded during the history and physical examination will be placed into the detainee's permanent medical record. Thereafter, detainees will receive subsequent physical examinations according to established Wellpath Health Services Policies and Procedures for recurrent physical examinations.

Access to Health Care – Upon arrival at the Facility, all detainees will receive oral and written information that specifies the medical, dental and mental health services available to them, the procedures for accessing routine or emergency services, and the procedure for utilization of the grievance mechanism in a form and language they can understand. Signs explaining these procedures will be posted in the initial intake area, the medical unit and in all detainee housing units. Wellpath will establish language interpretation services and will not use detainees to translate or interpret medical problems except in emergencies.

Detainees will have daily access to the health services staff by utilizing the medical request form. Health services staff will triage medical requests within 24 hours and detainees will be assessed by health services staff within 24 hours of triage (72 hours on weekends). Detainees will have access to a Physician when medically necessary after assessment by the health services staff.

Sick Call – Each detainee assigned to the Facility will have unencumbered access to regularly scheduled sick call. The detainee will complete a Request for Health Services Form, which will be collected daily from a locked box on each housing unit by health services staff. Sick call will be conducted regularly, regardless of housing assignment, by qualified health services staff for non-emergency health services to meet the detainee's routine health care needs. Arrangements will be made to provide regular sick call services and evaluations to restrictive housing unit detainees by health services staff. The Physician will visit the restrictive housing unit as often as medically necessary. Health services staff will maintain a record of restrictive housing unit visits. Health services staff will be available daily to detainees throughout the Facility for access to health services, in addition to the medical request form being filled out by the detainees requesting medical care. Emergency medical, dental and mental health services are provided 24 hours a day.

Provision of Health Care – The Medical Health Unit will ensure that a detainee's medical or mental health conditions are closely monitored. Wellpath facilitates medical care 24 hours a day, seven days per week. If a detainee requires the provision of extensive medical care beyond the capability of the Facility medical department, facility staff members can arrange for transfer of the detainee to one of the numerous local hospitals under order of the facility Physician.

Special Needs Treatment Plans - Individualized treatment plans will be developed by the examining Physician for detainees with special medical needs, which require close medical supervision and/or multi-disciplinary care. A review of the treatment plan by the health services staff will occur regularly. All detainees with special needs will be monitored closely by the health services staff. The treatment plan will include a

diagnostic statement, the frequency of follow-up visits, diagnostic studies and the medication regime.

Infection Control Program - Because of the unique environment within secure facilities, it is particularly important to stress prevention, early identification, and control of infectious diseases, which are certainly more likely to become epidemic under such conditions. The infection control program will involve monitoring of infectious diseases and communicable diseases among detainees by review of records, investigation of reports of infection, a review of outbreaks of disease and to assure that detainees infected with these diseases receive prompt care and treatment. Typical monitoring functions of this program will include monitoring of detainees with tuberculosis (disease or infection), sexually transmitted diseases, AIDS, hepatitis and other reportable diseases, which will have reports filed consistent with local and Federal laws and regulations. Detainees infected with these diseases will receive prompt care and treatment according to written policies and procedures, to include separation from the detainee population when medically indicated, and compliance with treatment regimen will be initiated within twenty-four (24) hours. The IHSC and local health department will be notified immediately when a communicable disease is suspected. Wellpath has a comprehensive Blood-borne Pathogen Exposure Plan consistent with the Occupational Safety and Health Act (OSHA) and all other Federal codes and regulations.

Wellpath will conduct a monthly environmental and sanitation inspection of the Facility to ensure a safe and sanitary environment for detainees housed in the Facility. Monthly findings will be discussed at both Administrative and Comprehensive Quality Improvement Program meetings.

Standard universal precautions will be strictly adhered to by health services staff and all Officers who have contact with detainees in order to minimize the risk of exposure to blood and body fluids of detainees. The Facility staff will receive training to ensure compliance with Standard Universal Precautions.

Detoxification – The responsible health authority will approve established policy, procedures and specific protocols for detainees under the influence of alcohol and/or other drugs or those undergoing withdrawal. Detainees experiencing severe, life-threatening intoxication (overdose) or withdrawal will be immediately transferred to an off-site acute care hospital. Narcan injection or nasal inhaler will be available and utilized as necessary.

The health services staff will follow established policies and procedures for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or

withdrawal from alcohol and drugs. Acute detoxification is done only under direct medical supervision and the detainee would be transferred to an off-site acute care hospital for treatment.

Chemical Dependence – The responsible health authority will approve established policy and defined procedures regarding the clinical management of chemically dependent detainees. An individual treatment plan will be developed and implemented, and referral to community resources will be made when appropriate upon release. Substance abuse counseling and support services will be provided as part of the detainee's education and program activities.

Pharmaceuticals – Wellpath will coordinate for the provision of all formulary and non-formulary pharmaceuticals to include over-the-counter medications at the Facility. All such medications will be ordered through the VA Financial Services Center system. Prescription medications will only be ordered by a licensed practitioner (Physician, Psychiatrist, Advanced Practitioner or Dentist) in accordance with State law. All pharmacy services will be monitored by a licensed contract consulting Pharmacist who will comply with all regulations set forth by the State of California and Federal Drug Enforcement Administration Laws, Regulations and Rules. No detainee or Officer will deliver or administer prescription medications.

Wellpath will provide maximum security, storage, and accountability for DEA-controlled substances and needles and other commonly abused items. Wellpath has existing policies and procedures to ensure the security of medications and the integrity of the on-site medication room. The provision of medications on discharge from the Facility will be in accordance with established IHSC policies.

Mental Health Services – The mental health services will be provided by qualified mental health professionals who are appropriately credentialed and licensed in the State of California. All detainees will receive an initial mental health screening within 12 hours of arrival. Detainees found to be suffering from a serious mental illness or psychiatric disorder will be referred immediately to a qualified mental health professional for further evaluation and crisis intervention. All detainees at the Facility will have access to mental health services and will receive oral and written information concerning the scope of mental health services and how to access the system. Detainees will access mental health care by completing a medical request form which will be collected by health services staff from a locked box in the housing unit. Detainees who do not speak English will have access to the language line for assistance in making medical requests and understanding medical/psychological intervention offered.

Mental health services will be provided on-site at the Facility and will include the following:

- Receiving screening
- Mental health assessment
- Mental health evaluation by qualified mental health professional, as medically required
- Assessment to suicide/self-harm risk
- Crisis intervention
- Psychological evaluation as required
- Psychiatric assessment and follow-up as required
- Psychotropic medications when clinically indicated
- Appropriate laboratory services for detainees on psychotropic medications
- Documentation of service delivery and development of treatment/management plan

Health services staff will evaluate and determine the health status of detainees who have been receiving mental health treatment, prior to the detainee being admitted to disciplinary, administrative, protective or other segregation. Health services staff will monitor daily, or more often as indicated, detainees with mental health disorders in any segregated housing setting. Mental health treatment will be initiated as clinically indicated for detainees regardless of their housing at the Facility.

Wellpath will immediately notify the IHSC when there are significant concerns related to a detainee's mental health status.

Dental Services – All detainees will have an oral screening by a qualified health care professional within 14 days of admission to the Facility. This oral screening is a visual observation of the teeth and gums and notation of any obvious or gross abnormalities requiring immediate referral to a Dentist. A full dental examination will be done within 12 months of admission by a Dentist, supported by x-rays if necessary. A re-admitted detainee who has had a dental exam within the past 12 months will not require a new exam. All routine dental services will be provided by a licensed Dentist. Dental treatment is provided according to a treatment plan, based upon established priorities that, in the Dentist's judgment, are necessary for maintaining the detainee's health status. Detainees will access dental services by completing a medical request form and will deposit in locked box in housing unit. The detainee will be referred to a dental specialist as medically required.

The oral screening includes instruction in oral hygiene and dental health education. The dental care will include relief of pain and infection, extractions, restorations, minor repair and adjustments of dentures. Non-urgent or elective dental care will not be provided. Cosmetic dental prosthetics or other dental care for cosmetic purposes will not be provided.

Experimentation – Wellpath will not conduct experimentation or pharmaceutical testing on detainees.

Incident Health Care – The Facility considers the health and safety of the detainees in its custody of utmost importance; therefore, we take preventative measures to limit severe incidents.

Suicide Assessment and Prevention – The threat of suicide and attempted suicide are treated as serious matters by all staff at the Facility. Proper care and supervision of suicidal detainees will be provided. Facility policy and procedure provides for the immediate response to the threat of suicide and the proper notification to health services, administrative, counseling and direct care staff and mental health professionals regarding detainees who have expressed suicidal ideation, have histories of suicidal tendencies and/or arrive at the Facility with documentation indicating that the detainee has threatened or attempted suicide. These detainees will be evaluated on a regular basis by professionals who will assess the detainee's mental health and ensure the prescribed treatment is provided.

Hunger Strikes – The Facility's hunger strike management program is reviewed by the responsible health authority. Medical staff members are trained in hunger strike evaluation and treatment and remain up to date on these procedures.
Electronic Health Records (EHR) – As an added value, GEO offers an electronic health record (EHR) to document services provided to include but not limited to medication administration, clinical encounters, chronic care treatment plans, mental health and dental assessments. Wellpath health professionals will fully utilize the GEO EHR to document delivered services. Statistical data will be obtained from the records for utilization in the Quality Improvement Program. GEO will establish a time line for EHR implementation.

E.Detainee Voluntary Work Program

GEO will establish a comprehensive volunteer detainee work program at the Center which complies with PBNDS 2011 with 2016 revisions. Assignment to the work program will be strictly voluntary and under the supervision of the Assistant Facility Administrator or his/her designee.

The program will comply with all Federal, State and local work Safety Laws and Regulations. Detainee volunteer workers will be paid $1 per day in accordance with the Performance Work Statement, Part 5. Detention Services, Section E. Detainee Voluntary Work Program, issued with this RFP.

Examples of voluntary detainee work include maintenance, food service, laundry, and sanitation/grounds work. Detainees will remain within sight and sound of a staff member at all times and will be searched when they return from work detail.

Detainees will not:

- Be used to perform the responsibilities of an employee
- Perform work in areas where sensitive information is available
- Be assigned work that is considered hazardous, such as work requiring great heights, extreme temperatures, use of toxic substances, or unusual physical demands

All volunteer workers will be supervised by Center staff. For example, detainees who have volunteered and been medically cleared to participate in food service at the Center will be supervised by staff and provide basic assistance during meal service times.

The Center Fire & Safety Manager will monitor all working conditions to ensure safe conditions are maintained and that detainees receive documented training as it relates to voluntary work program assignments and appropriate clothing and equipment as necessary.

VI.REQUIRED ADMINISTRATION AND MANAGEMENT SERVICES

A.Manage the Receiving and Discharge of Detainees

During the admissions process, GEO will ensure that detainees undergo screening for medical purposes, have their files reviewed for classification purposes, submit to a standard body search, and are personally observed and certified regarding the examination, categorization, inventorying, and safeguarding of all personal belongings.

All detainees will be fingerprinted upon admission in accordance with the ICE policy on Admissions Documentation.

Admission processes for a newly admitted detainee includes, but is not limited to:

- Recording basic personal data and information found in ICE documents and obtained during interview of arriving detainees
- Detainee shower and issuance of clean clothing mandated
- Retention of criminal history check within detainee files and records
- Photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics
- Assignment of registered number to the detainee, checked property and computer management system
- Metal detection prior to housing transfer
- PREA Risk Assessment
- Opportunity to make one free three-minute telephone call and are assisted as needed to notify persons of their admission to custody
- Medical, dental, and mental health screenings including suicide/self-harm
- Screening to detect signs or drug/alcohol abuse
- Inventory of personal property
- Secure storage of detainee property, including money and other valuables. The detainee is given a receipt/or all property held until release.

GEO will effectuate departures as directed by ICE.

Activities performed by GEO in support of detainee departure will include:
✓ *Providing positive identification;*
✓ *Documentation preparation and review;*
✓ *Transportation*
✓ *Escorting*
✓ *Provide sack meals for detainees*
✓ *Placing detainee on proper departing aircraft*
✓ *Remaining at the gate until aircraft is airborne*
✓ *Verifying verbally with carrier gate attendant that aircraft is in flight*
✓ *Certifying departure in writing to the COR*
✓ *Returning all DHS documentation to the appropriate DHS supervisor upon completing the escort assignment*

GEO will affirm, swear and witness to all actions of effectuating departure that were accomplished, performed, and carried out.

All detainee releases are to be carefully identified and documented. All detainee property is to be returned to the detainee and all issued Center property is to be collected and inventoried prior to his/her release. All Detainees held for 30 or more days that will be released to the community are provided with information about community resources.

Procedures followed by GEO for releasing detainees at the end of their term include, but are not limited to, the following:

- Identification of outstanding warrants, wants or detainers
- Verification of identity
- Verification of release papers
- Completion of release arrangements
- Return of personal property
- Verification that no Center property leaves the Center
- Arrangements for completion of any pending actions, such as grievances or claims for damages or lost possessions
- Medical screening and arrangements for community follow-up where needed, to include medication

GEO will provide transportation assistance as required by the PWS to detainees upon release.

B.Manage and Account for Detainee Assets (Funds, Property)

Detainees will be allowed to retain in their possession a reasonable amount of personally-owned property. Detainee property items not authorized for personal retention and use during processing will be inventoried and be retained in the property room until the detainee's release, transfer or removal.

To prevent overcrowding and related storage problems, staff will encourage detainees to send extra suitcases, television, and other soft contraband to a third party of their choosing. Staff shall inventory, and maintain a record of, detainee personal property being shipped from the Center, with a copy of the record placed in the detainee's processing file.

The detainee handbook or equivalent shall notify the detainees of Center policies and procedures related to personal property, including:

- Which items (including cash) they may retain in their possession

- That, upon request, they shall be provided an ICE/DRO-certified copy of any identity document (e.g., passport, birth certificate) which shall then be placed in their A-files
- The rules for storing or mailing property not allowed in their possession
- The procedure for claiming property upon release, transfer, or removal
- The procedures for filing a claim for lost or damaged property
- Access to detainee personal funds to pay for legal services

GEO will provide for the control and safeguarding of detainees' personal property. All personal property will be inventoried, tagged and stored in the property room. An inventoried list of all items to be stored will be provided to the detainee for confirmation and signature. This list will be placed within the detainee's file.

C.Securely Operate the Processing Center

GEO policy requires a system of maintenance, control accountability, and identification of all keys used in the Center. The strict control of keys in a Center is essential to ensure Center security, public safety, and the safety of staff, visitors and detainees. GEO will adhere to key control policies, in accordance with ICE PBNDS 2011 with 2016 revisions. This includes strict control over keys to ensure Center security, public safety, and safety of staff visitors, and detainees. The Locksmith/Armory Officer will report to the Chief of Security and be responsible for inspections, maintenance, accountability, and testing on all locks and access controls throughout the Center. The Locksmith/Armory Officer shall complete an approved locksmith training program. This training shall be supplemented with additional training in Occupational Safety and Health Administration standards and the National Fire Prevention Association's life safety codes.
All staff shall be trained in and held responsible for adhering to proper procedures for the care and handling of keys, including electronic key pads. Initial training shall be completed before staff is issued keys, and key control shall be among the topics covered in subsequent annual training.

GEO will be responsible for all devices issued to them for ICE buildings, gates, and locks, and will sign and acknowledge receipt of these devices.

In the event a key is lost, stolen, missing or damaged, or if a key or lock is compromised, the Shift Supervisor must report it to the Facility Administrator or designee immediately both verbally and in writing. The Shift Supervisor will gather all documentation of the lost or damaged keys by the end of their shift. The Shift Supervisor will immediately lockdown all detainees in the area and will thoroughly search the area. Staff will not leave until the Facility Administrator authorizes staff to do so.

Each Center equipped with a perimeter road will have constant armed perimeter surveillance.

D.Establish and Maintain a Program for the Prevention of Sexual Abuse/Assault

GEO will develop and implement a sexual abuse/assault prevention and intervention (SAAPI) program that is in accordance with the ICE 2011 PBNDS with 2016 revisions on SAAPI and the DHS PREA standards as provided in Attachment 13 of this RFP. GEO will use ICE approved SAAPI program policies and procedures from existing GEO managed ICE Centers as a foundation for developing the FSP SAAPI Program.

GEO policy prohibits sexual conduct between employees, volunteers, contractors or detainees, regardless of consensual status. Such conduct is subject to administrative as well as criminal and disciplinary sanctions.

GEO has a dedicated PREA Coordinator, Director of Contract Compliance, reporting through the Corporate Contract Compliance department. The Corporate PREA Coordinator will be responsible for implementation of PREA monitoring systems and policies as well as developing, implementing and overseeing GEO's compliance with the National DHS PREA Standards in each Processing Center. In addition, the Corporate PREA Coordinator will provide guidance and resources in all matters related to PREA training, reporting, allegations, and investigations.

GEO also employs three PREA Managers of Contract Compliance at the Corporate level with investigative experience who are charged with reviewing and assisting in investigations of PREA incidents as well as operating as a resource to all Centers. An additional Corporate staff member, the PREA Compliance Specialist, is dedicated to collecting and analyzing PREA statistical data and preparing required reports. In addition to the Corporate PREA team, a Prevention of Sexual Abuse (PSA) Compliance Manager will be designated at the Center to ensure SAAPI Compliance at the Center level and will work closely with the corporate team.

This team, as part of the Corporate Contract Compliance Department, will work with staff at each Center to implement the extensive training program for all employees, volunteers, and contractors with additional intensive training for investigators and specialized training for medical personnel. All detainees will receive PREA education at orientation as part of the intake/admissions process. Upon employment, all staff receives a three-hour initial training course specifically covering DHS PREA guidelines, with two hours of annual in-service training thereafter. Additionally, all detainees will receive PREA education at orientation as part of the intake/admissions process in a language or

manner that the detainee understands, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills.

The Center will take steps to ensure meaningful access to all aspects of the Center's efforts to prevent, detect, and respond to sexual abuse to detainees who are limited English proficient and disabled.

To ensure continuous commitment to PREA, PREA requirements are included in the Quality Control Program and are audited during the Annual Corporate Audit. The audit includes a tour of the Center, review of various PREA related documentation, reviews of investigation files, postings, and evaluation of detainee familiarity with PREA reporting and interviews with staff on their knowledge of PREA requirements.

In addition to training, the Corporate Contract Compliance team performs mock PREA audits to prepare for the certification audit. These mock audits include tours of each Center, reviews of investigation files, postings, and evaluation of detainee familiarity with PREA reporting and interviews with staff on their knowledge of SAAPI requirements.

E.Collect and Disseminate Intelligence Information

The Chief of Security will be responsible for Intelligence operations. The Chief of Security, through the Facility Administrator's office, will notify the ICE Supervisor on duty immediately on issues which could impact the safe, secure, and orderly operation of the Center.

F.ICE Notifications

GEO will immediately report all serious incidents or criminal activity to the Field Office Director (FOD) or ICE-designee and the COR, including but not limited to:

- Activation of disturbance control team(s)
- Disturbances (including gang activities, group demonstrations, food boycotts, work strikes, work place violence, civil disturbances/protests)
- Staff uses of force including use of lethal and less-lethal force (includes detainees in restraints more than eight hours)
- Assaults on staff/detainees resulting in injuries that require medical attention (does not include routine medical evaluation after the incident)

- Fires
- Fights resulting in injuries requiring medical attention
- Full or partial lock-down of the Center
- Escape
- Weapons discharge
- Suicide attempts
- Deaths
- Declared or non-declared hunger strikes
- Adverse incidents that attract unusual interest or significant publicity
- Adverse weather
- Fence damage
- Power outages
- Bomb threats
- High profile detainee cases admitted to a hospital
- Significant environmental problems that impact the Center operations
- Transportation accidents (e.g., airlift, bus) resulting in injuries, death or property damage
- Sexual assaults

All criminal activity related to the performance of this contract will be reported to the appropriate law enforcement investigative agency.

GEO will cooperate with the Government on all investigations of any incident pertaining to performance of this contract.

Pursuant to ICE instructions, GEO will notify and coordinate with local law enforcement agencies to counteract civil disturbances, attempts to commit espionage or sabotage, and other acts that adversely affect the normal site conditions, the security and safety of personnel, property, detainees, and the general public.

When a situation exists that requires an emergency response, it is imperative that staff not in the immediate area be alerted to aid and to control the situation. When a staff member becomes aware of an emergency situation their first responsibility is to give the alarm in an appropriate manner to alert staff outside the immediate area. The alarm may be given by telephone to Master Control or by radio to alert staff of the

emergency. In situations where a controlled response is indicated, notification by telephone, radio or in person is appropriate.

G.Maintain Institutional Emergency Readiness

GEO will establish and maintain a Disturbance Control Team in accordance with ICE guidelines. Officers will be diverted from their normal duties as needed to control emergencies.

GEO's emergency plans will abide by ICE PBNDS 2011 Safety Section: 1.1 Emergency Plans, ACA standards and ICE policies. GEO has in place an internal corporate nationwide staff contingency plan consisting of employees who possess the same expertise and skills required of staff working directly on this contract. At the discretion of ICE, these employees will be made available to respond to an institutional emergency at the Center if deemed necessary. Employees considered as part of the national roster for this contingency plan will be selected from other Centers where GEO provides service under contract with ICE, thus ensuring that the employees have attained the proper background screening and training. GEO will obtain the concurrence of the COR for the plan prior to implementation and will not make additional modifications to the plan without the further written concurrence of the CO.

GEO will submit to the COR or ICE designee a proposed inventory of intervention equipment (e.g., weapons, munitions, chemical agents) intended for use during performance of this contract. GEO will not use electro-muscular disruption (EMD) devices.

GEO will await concurrence of the intervention equipment from the COR or ICE designee, prior to issuance of the NTP. The approved intervention equipment inventory will not be modified without prior written concurrence of the CO. GEO will be responsible for the acquisition of such intervention equipment.

GEO will obtain the appropriate authority from state or local law enforcement agencies to use force as necessary to maintain the security of each Center proposed under this Requirement.

H.Manage Computer Equipment and Services in Accordance with all Operational Security Requirements

GEO takes reasonable and appropriate steps to protect its information and information systems from a variety of threats such as error, fraud, sabotage, privacy violation, and service interruption. All users of GEO Systems and IT Resources, whether they are GEO employees, temporary employees or consultants, are responsible for protecting sensitive

information from unauthorized access, modification, duplication, destruction, or disclosure. GEO endorses and implements the following security principles:

- Identification (e.g. User IDs) and authentication (through passwords and/or PINS)
- Authorization (e.g. access roles and access control)
- Confidentiality (e.g. encryption), integrity (e.g. the accuracy of system, data, and message storage and transmission), and availability (e.g. accessibility when needed)
- Accountability (e.g. tracking and audit)

GEO's security principles give us the ability to identify and record unauthorized access or attempts to access ICE detainee information. Any information technology security incidents will be reported to the COR or ICE designee within four hours of the security incident.

I.Manage and Maintain a Commissary

Detainees will be given the opportunity to order from the commissary at least once per week. The commissary will be an order and ship operation, whereas orders are placed and are later delivered in an individual bag for each detainee. Detainees will utilize their detainee number to place orders, which will be tied to their fund accounts, which will be used for payment for their purchases. Detainees will be permitted to receive funds from outside sources (i.e., from family, friends, bank accounts). Outside funds or those generated from participation in the voluntary work program may be used to pay for products and services from the commissary.

All items available at the commissary will be those allowed by the Facility Administrator and will be approved by the COR or ICE-designated employee prior to sale to the detainees. As this will be an order and ship operation, no commissary inventory will be kept on site. Notice of any price increases will be provided to the COR. Revenues will be maintained in a separate account and not commingled with any other funds. Any interest earned on this account will be credited to the detainee welfare fund.

Expenditures of profits from the commissary operations will only be made with the approval of the Contracting Officer or designee. GEO will utilize revenues earned in excess of those needed for commissary operations at the Center solely to benefit detainees at the Center. GEO will provide independent auditor certification of the funds to the COR every 90 days.

At the end of the contract period, or as directed by the Contracting Officer, GEO will ensure that a check for any balance remaining in this account is made payable to the Treasury General Trust Fund and given/transmitted to the Contracting Officer.

J.Manage and Maintain a Detainee Telephone System (DTS)

GEO understands the importance of an efficient, consistently operable telephone system within the processing environment. Access to telephones will enable detainees to maintain family and community connections, both issues which have a significant impact on the quality of life within the Center.

GEO will provide detainees with reasonable and equitable access to telephones as specified in ICE PBNDS 2011 with 2016 revisions on Telephone Access. The ICE designated DTS Vendor will receive 100% (percent) of all telephone related revenues. The DTS Vendor will be responsible for the costs incurred for installation of the equipment, any monthly telephone charges incurred from the operation of DTS, and the maintenance and operation of the system. The telephone access rules will be provided to each detainee upon admittance, and the rules will be posted where they are easily visible. Telephone access hours will also be posted.

GEO does not expect to be entitled to any commissions, fees, or revenues generated by the use of the DTS or the detainee telephones.

GEO will consistently inspect telephones to ensure they are in working order, in accordance with ICE policies and procedures. GEO will notify the DTS Vendor, and the COR or alternate COR upon discovery of any inoperable telephones. Center staff will be responsible for ensuring daily that telephone systems are operational and that the free telephone list is posted. Ensuring there is a dial tone is only part of what is required: when testing equipment, the officers must be able to demonstrate that an individual has the ability to make calls. Any problems identified must immediately be logged and reported to the appropriate Center and ICE personnel. GEO will ensure a list of card and calling rates is posted in each housing unit.

VII. CENTER SECURITY AND CONTROL

A.Security and Control (General)

It is GEO policy to maintain current written orders for every officer post. Officers assigned to those posts acknowledge in writing that they have read and understand the orders and record the date. The Facility Administrator or designee reviews post orders annually and updates them as needed. Each officer will have written post orders that specifically apply to his/her current duties. The post orders will specify the duties of the post Officer, along with instructions on how to perform those duties. The step-by-step procedures will include enough detail to guide an Officer assigned to the post for the first

time. The Facility Administrator will also develop post orders for non-permanent assignments (details, temporary housing units, emergency changes, etc.). If events preclude advance planning, the Facility Administrator will issue a post order as soon as possible after the need arises.

GEO will ensure control and security of the Center and its occupants through regular inspections conducted by Officers. Security inspections guard against internal and external breaches in security. The Facility Administrator will be responsible for the identification, repair and/or resolution of any issues requiring corrective measures as soon as possible.

As a standard, GEO policies governing Center security and control for locations under contract with ICE are written in compliance with ICE PBNDS. Site-specific procedures will be developed with consideration for the unique physical plant features of each location proposed under this requirement.

GEO will provide, install, and maintain a building access control system in all ICE and/or DOJ administrative space, and will give the Government administrative access and oversight role for the system. GEO staff will comply with ICE security plans.

B.Detainee Rights

It is GEO policy to treat all detainees with dignity and respect while maintaining a safe, secure and sanitary Center. Detainee rights are clearly communicated to each detainee in writing within the detainee handbook. GEO mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment in all Centers. Detainees have the right to be free from discrimination for any reason, including race, religion, national origin, sex, sexual orientation, gender identity, physical ability, mental ability, or political beliefs.

Franco-Gonzalez v. Holder Requirements

GEO recognizes its responsibility for those in our care who suffer from a serious mental disorder or defect that may render him/her incompetent to properly represent themselves in detention or removal proceedings. GEO complies with the settlement requirements associated with this critical target population to ensure their legal rights are protected. Through a collaborative process with ICE, OPLA, IHSC, EOIR, ICE on-site personnel and the respective ICE Field Office, GEO has an established protocol grounded in the evaluation criteria applicable to this target population. Beginning with an initial screening, followed by a mental health assessment, as well as daily encounters, mental health professionals conduct a comprehensive assessment utilizing the list provided by ICE/IHSC that lists specific criteria that meet serious mental illness (SMI) and serious mental disabilities (SMD) standards. If an individual meets the Franco-Gonzalez criteria,

their file is flagged and they are placed on a list, reviewed by the appropriate authority (IHSC/OPLA) and scheduled for court proceedings.

If the above process occurs at a location where on-site court proceedings exist, the court proceedings will be conducted on-site as determined by OPLA. If the above process occurs at a location where on-site court proceedings are not available, the on-site medical/mental health personnel will work with IHSC and ICE on-site personnel to arrange transportation to court proceedings, which are conducted by ICE judicial personnel.

Lyon Settlement Agreement

GEO has complied with the Lyon Settlement Agreement since its inception in November 2016. In partnership with ICE officials, detainees can make free, direct, unmonitored calls to ICE pro bono attorneys as well as a number of government offices and some attorneys. A list of pro bono attorneys is updated routinely by ICE and posted in the housing units. In addition to having phone booths at selected facilities located in Kern County, GEO accommodates free, unmonitored legal calls when requested and has established a process for detainees to make legal calls in privacy rooms. GEO maintains a copy of the settlement agreement and ensures all aspects of the Lyon Settlement Agreement are in effect, including provisions for indigent detainees, international legal calls and three-way calling when necessary, translation language lines, and appropriate training to staff whose duties include supervising detainees or providing telephone access.

C.Unauthorized Access

GEO will utilize supervisory best practices and technology, which may include Morse Keywatcher, badge access, and CCTV, to detect and prevent any individuals from attempting to gain unauthorized access to restricted areas of the site(s) identified in this contract. GEO will immediately contact local law enforcement authorities and inform ICE in the event of an incident at the Center.

D.Direct Supervision of Detainees

GEO's proposed staffing plan for each Center offered under this Requirement will allow for direct supervision of detainees. GEO will provide supervision of all detainees in all areas, including supervision in detainee housing and activity areas. Officers will be able to hear and respond promptly to emergencies. At least one officer will be assigned to monitor each occupied housing section, which will be separate from any housing control post that may be listed on the staffing plan.

E.Maintain a Video Surveillance Program

GEO will ensure that video cameras monitor hallways, exits, and common areas. Officers assigned to the Central Control Station will be responsible for monitoring this system. Considering that the videos will be recordings of residents who may be seeking asylum or other considerations under U.S. immigration law, GEO will maintain the digital recordings and will not release them to anyone, unless approved by DHS. GEO will keep the videos for a minimum of 90 days, or for the duration of any investigation as necessary for use by local law enforcement, ICE, or investigations conducted by GEO.

F.Log Books

GEO will complete and document in writing, for each shift, including but not limited to, the following information in the logbooks:

- Activities that have an impact on the detainee population (e.g., detainee counts, shakedowns, detainee movement in and out of the site, and escorts to and from court). The Chief of Security will be responsible for completing these entries, with documentation being maintained in the Security Clerk's office.
- Shift activities (e.g., security checks, meals, recreation, religious services, property lockers, medical visits). The Chief of Security will be responsible for completing these entries, with documentation being maintained in the Security Clerk's office.
- Entry and exit of persons other than detainees, ICE staff, or GEO Staff (e.g., attorneys and other visitors). Logs will be recorded at the Entry Point, with documentation being maintained in the Security Clerk's office.
- Fire drills, routine procedures, emergency situations, and unusual occurrences. This information will be maintained in the Lieutenant's log.

The Chief of Security will ensure log books are updated as required. Logs will be maintained in the Administrative/Security Clerk's office and in accordance with ICE PBNDS.

G.Reports

Daily, GEO will provide a manifest, managed via GEOtrack, of all detainees currently housed in the Center. The manifest will contain the following information for each detainee: "A" File Number; office received from; name; date of birth; gender; nationality; date of arrival; number of days the detainee has been in the Center; and type of release, if applicable.

On a monthly basis, GEO will provide status reports. The key indicator report will include data on Average Daily Population, Classification, Special Management, Detainee Behavior Incidents, Detainee Grievances, Use of Force incidents, and Personnel. A

separate personnel report, listing the key personnel positions of the Center (e.g., position title, name of the employee, vacancies and length of vacancies, dates of service, additional comments) will also be submitted monthly to the COR or ICE designee as required for the previous month's activities and staffing.

GEO will prepare required orders, instructions, and reports of accidents, security violations, fires, and bomb threats. The reports will be maintained on file, concerning all activities in connection with duties and responsibilities for the services performed under this contract. GEO will prepare any special or other reports, or issue further orders and instruction as may be required in support of work within the scope of this contract as requested by ICE.

H.Detainee Counts

Formal and informal counts will be conducted as necessary to ensure around-the-clock accountability for all detainees. GEO will document the physical detainee counts in the logbook and ensure ICE procedures are followed when the physical detainee count does not show that all detainees have been accounted for. This procedure will require a Center-wide recount by the Shift Supervisor. At a minimum, official detainee counts will be conducted once per shift, with no less than three counts daily, or as directed by the COR or ICE designee. All counts will be documented in separate logs maintained in the applicable locations where detainees are housed, the Control Center, and the Shift Supervisor's office, and will be maintained for a minimum of 30 days.

In accordance with GEO procedures a formal count should be conducted at least once every eight hours, with the shift supervisor verifying its accuracy. Officers will encourage detainee cooperation to encourage the accuracy and completeness of each count. However, officers will not allow detainees to perform the count, nor participate in the preparation or documentation of the count process.

There will be no movement of detainees during formal counts. All detainee movements into, out of, and within the Center must cease before the count begins. Detainee movement will not be allowed to resume anywhere in the Center until the complete Center count has been cleared. If while conducting a count, staff observe an unusual incident (e.g., medical emergency, criminal act), they will cease the count and respond appropriately according to local procedures. Should an emergency arise during the count that necessitates the movement of detainees, a new count will be conducted as soon as possible after the emergency subsides.

I.Daily Inspections

GEO's Officers will conduct daily inspections of all security aspects of the site. All bars, locks, windows, walls, floors, ventilation covers, glass panels, access plates, protective screens, doors, lights, and equipment will be checked for operational wear and detainee tampering. Issues needing immediate attention to prevent injury such as slippery floor surfaces will be reported and attended to in order to prevent injury. This documentation will be made daily in a logbook and on "Work Request Forms" provided by ICE. Problems discovered during these inspections will be clearly identified in the documentation.

GEO will also notify the COR of any abnormalities or problems, including immediate notification of the COR or ICE designee on duty of any damage to the physical Center. Written documentation of any problem areas will be submitted to the COR by the end of the shift.

A general inspection of the Center will be made each week by the Facility Administrator, Assistant Facility Administrator, Chief of Security and Shift Supervisor. Shift Supervisors will visit all housing and activity areas each shift. Supervisory staff will conduct a daily patrol, including holidays and weekends, of all areas occupied by detainees. Patrols and inspections will be documented.

Inspection Procedures will include:

- Visual inspection for evidence of tampering or weakness
- Inspection of living quarters for discrepancies or inoperability of cameras
- Inspection of 'innocent looking' areas, i.e., trash containers, sanitary supplies, lockers and other places of concealment
- Inspection of the secure external perimeter of the Center, visitor holding areas, and doorways

J.Deviation from Prescribed Schedule Assignments

GEO may deviate from the scheduled assignment when unusual conditions or circumstances so demand, and if prior approval is received from the COR. GEO will record all deviations in the daily logbook. When the COR is not available, GEO will ensure that the ICE Supervisor on duty is notified immediately or as soon as practically possible.

K.Use of Force and Restraints

Officers will use the minimum force necessary to gain control of the detainee; to protect and ensure the safety of detainees, staff, and others; to prevent serious property damage; and to ensure the security and orderly operation of the Center.

In accordance with ICE requirements and GEO policy, the use of physical force by Officers is restricted to instances of justifiable self-protection, protection of others, and protection of property and prevention of escapes. GEO only allows physical force to be used to the degree necessary to safeguard the well-being of the detainee(s) and others in the immediate area. Training on the applications and types of force is outlined during initial training as well as annual refresher training.

In no case will physical force be used as punishment or discipline. GEO will adhere to ICE PBNDS and the ICE Use of Force Policy on the use of deadly and non-deadly force to include the use of intermediate and deadly weapons. GEO's Officers will immediately report all instances of use of physical force to the ICE Supervisor on Duty. Prior to leaving his or her shift, the Supervisory Officer will prepare a written report and submit it to the Facility Administrator, who will review, approve, and provide the report to the COR or ICE Supervisor on Duty within 24 hours of the incident.

GEO will operate in compliance with ICE PBNDS governing the use of restraint equipment including the most recent ICE directive regarding Use of Restraints Directive. GEO does not apply restraints as punishment, nor does it apply restraints for more time than is necessary. Restraints will be applied for the least amount of time necessary to achieve the desired behavioral objectives. Four/five-point restraints will be applied only in extreme circumstances and only when other types of restraints have proven ineffective. GEO does not apply restraints on detainees who are pregnant or during postpartum recovery except for specific conditions outlined in PBNDS and GEO's policy.

GEO will seek advance approval for the use of these four/five-point restraints and will promptly notify the medical staff. Use of these restraints will be continued only in accordance with required procedures and documentation. When directed by the COR, GEO's Officer may use Government-provided disposable nylon straps in lieu of handcuffs or leg restraints in emergencies, mass arrest situations, or if a detainee's wrists or ankles are too large for conventional restraints. GEO will not use any other restraint devices.

Staff will comply with their defensive tactics training and the proper application of those techniques. Staff may not use restraint equipment or devices on a detainee's neck or face, or in any manner that restricts blood circulation or obstructs the detainee's airways

(mouth, nose, neck, esophagus). Staff may not use restraint equipment or devices to cause physical pain or extreme discomfort. While causing some discomfort may be unavoidable even when applying restraints properly, examples of prohibited applications include: hog-tying, fetal restraints (cuffed in front with connecting restraint drawn-up to create the fetal position); unnecessarily tight restraints; and improperly applied restraints.

To control a situation involving an aggressive detainee, all staff must be made aware of their responsibilities through ongoing training. All processing personnel will also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees.

L.Escapes

GEO will notify the COR and ICE Supervisor on duty immediately if an escape or an attempted escape has occurred, and escape response protocols will be initiated as necessary. GEO will provide the COR with a written report detailing the circumstances surrounding the incident prior to the end of the shift.

In the event of an escape, the order of responsibility and emergency procedures outlined in the site-specific Escape Emergency Plan will be followed, and the Escape Plan Notification Checklist shall be utilized. The Escape Plan Notification Checklist will be maintained in Master Control.

The Escape Emergency Plan establishes the procedures for responding to an escape, and includes specific guidance for notification, verification and assessment, order of responsibility, and staff responsibilities and duties.

The primary responsibility of GEO is to maintain the care, custody and control of detainees committed to our Centers and to ensure the safety and welfare of each staff member and detainee within our Centers, therefore providing for the safety of the public in surrounding communities. The ability of the Center to maintain control at all times during a crisis or emergency is essential. Accordingly, cooperation with local, county, state and federal law enforcement, detention/corrections, and emergency agencies will be an integral part of the daily operations of the Center as well as the Center's Emergency Plan.

In each of GEO's Centers (domestic and international), we consider all of our mutual aid agencies as partners in the development and testing of our procedures.

GEO has experienced excellent success with our established partnerships with community agencies, local, state and federal law enforcement, and our client agencies in

providing mutual assistance during situations requiring our "criminal justice team" to meet the challenges at hand.

As with all of our operations worldwide, we believe that our success is built upon the community support and community relations established well ahead of the formal submission of a proposal to the prospective client agency. Effective relationships can be achieved only through a free-flowing communications network of shared information at all levels within the community, law enforcement and emergency service agencies.

M.Evacuation Plan

GEO will develop an evacuation and alternate staging plan in place for use in the event of a fire or major emergency at the Center. This plan will be reviewed annually and approved by ICE. Under existing contracts, GEO has established Memorandums of Understanding (MOU) for evacuation and transportation planning. GEO will model these existing agreements and establish arrangements with: Western Region Detention Facility, Adelanto ICE Processing Center, Mesa Verde ICE Processing Center, Central Valley Modified Community Correctional Facility, Desert View Modified Community Correctional Facility, Golden State Modified Community Correctional Facility, and McFarland Female Community Reentry Facility. GEO will also conduct drills as may be required by ICE written policy and procedure.

N.Sanitation and Hygienic Living Conditions

GEO will comply with the requirements of the Occupational Safety and Health Act of 1970 and all codes and regulations associated with 29 CFR 1910 and 1926. GEO will comply with all applicable ICE, federal, state and local laws, statutes, regulations, and codes. In the event there is more than one reference to a safety, health, or environment requirement in an applicable, law, standard, code, regulation, or ICE policy, GEO will abide by the most stringent requirement.
GEO recognizes there is a relationship between the cleanliness of the Center and the health, safety, security, and morale of the detainees. Policies that detail the process and quality level required to meet sanitation and hygiene standards for each area of the Center will be developed and approved by ICE prior to contract award. The Fire and Safety Manager will work with a qualified pest control company to conduct frequent and spot services to ensure the Center is vermin/pest free.

Under the direction of the Center staff, custodial services will be provided in the following areas:	
✓ Office Areas (including ICE Offices)	✓ Recreation Areas

- ✓ Hallways
- ✓ Entry Areas/Outside Areas
- ✓ Restrooms
- ✓ Equipment Room
- ✓ Storage Areas
- ✓ Health Services
- ✓ Hair Care area(s)
- ✓ General Use Rooms
- ✓ Visitor Areas
- ✓ Administrative Control Areas

O.Physical Plant

A description of the physical plant for each Center proposed under this Requirement has been provided as an attachment to this section.

Promptly after the occurrence of any physical damage to the Center (including disturbances), GEO will report details of the damage to the COR or ICE designated official. GEO will repair the damage, to rebuild or restore the institution. Government staff will be on-site to monitor contract performance and manage other Government interests associated with operation of the Center, and GEO will ensure Government staff have full access to all areas of the Center. GEO will obtain pre-approval for access to Government required space from the COR.

P. Environmental Policy Procedures

GEO conducted an environmental assessment on each Center proposed under this requirement. GEO is confident that the information provided for each Center will allow ICE to issue a Finding of No Significant Impact (FONSI). The full environmental assessment, developed in compliance with RFP attachment 15, has been provided as Volume IV of our submission.

VIII. FOOD SERVICE

GEO's Food Service Program is under the direct supervision of the Corporate Director of Food Service and a Registered Dietitian. GEO directly manages 55 kitchens within secure services facilities across the United States. In 2019 (as of September 30), GEO Food Service staff has been responsible for preparing and serving 47.9 million meals. GEO is cognizant of the critical role Food Service plays in the overall safe, secure, and efficient operation of the Center. GEO's expertise in production, line service, as well as medical, and religious diets qualifies us to meet and/or exceed standards as established by governmental health and safety codes, PBNDS, ACA, local standards, and National Technical Information System (NTIS).

GEO will provide all personnel, supervision, items and services necessary to perform full food service (including satellite meals and/or sack meals) required under this contract. GEO is capable of managing and implementing the full scope of services required for the successful implementation of a food service program, including, but not limited to:

- Menu planning
- Ordering food and supplies
- Receipt, storage, inventory and record keeping
- Food preparation
- Meal service
- Dining Center management
- Cleaning facilities, equipment, and utensils
- Maintaining quality control
- Ensuring operator level maintenance and cleaning
- Contingency planning for continued service

GEO's experience operating under contract with ICE includes adherence to requirements established by numerous governing bodies. As required, GEO will adhere to the documents detailed in the list below.

- American Correctional Association (ACA) Manual
- ALDF Performance Standard: Food Service
- ICE Performance-Based National Detention Standards 2011 with 2016 revisions
- USPHS Food Code FDA
- Local Standards
- National Technical Information System

GEO understands the PBNDS requirements are controlling, and if there is a conflict between PBNDS, ACA standards and local requirements, the PBNDS standards prevail.

GEO will provide the necessary timely assistance to meet emergent requirements as requested by the Assistant Field Office Director (AFOD) or COR.

Food service accommodations for each Center proposed under this requirement are included within the concept design description attachments to this section.

IX.PROPERTY ACCOUNTABILITY

A.General

The Facility Administrator and the Business Manager are responsible for the purchasing, accounting, and safeguarding of all GEO and client fixed assets for the Center. Upon expiration or termination of this contract GEO will render a written accounting to the COR of all such property. GEO will assume all risk and will be responsible for any damage to or loss of Government furnished property used by GEO employees.

Upon expiration of the contract or termination of services, GEO will immediately transfer to the COR, any and all Government property in its possession or in the possession of any individuals or organizations under its control, except as otherwise provided for in this contract. GEO will cooperate fully in transferring property to the successor Contractor.

B.Use of Government Wireless Communication Devices

GEO will allow all personnel that have been issued a Federal Government owned wireless communication device, (i.e., cellular telephones, pagers or wireless Internet devices) to possess and use those items in all areas of the Center in which ICE detainees are present. GEO will provide, install, and maintain cellular, telephone, and wireless boosters to ensure optimal service throughout the Center and ICE and/or DOJ administrative areas.

X.FIREARMS / BODY ARMOR

A.Firearms Requirements

GEO will provide well-maintained or new firearms at the start of the contract and maintain sufficient licensed firearms and ammunition to equip each armed Officer and armed supervisor(s) with a licensed weapon while on duty.

No personal firearms will be permitted to be carried while on duty. GEO's Locksmith/Armory Officer will certify all firearms are safe and accurate for use. Transportation Officers will be issued 9mm semi-automatic firearms that meet the recommendations of the firearms manufacturer and use factory ammunition loads only.

Each Officer will be issued sufficient ammunition which consists of three full magazines. The Center's certified Locksmith/Armory Officer will account for all firearms and ammunition daily.

GEO will ensure notification is made to the COR in the event any weapons or ammunition is missing from the inventory.

GEO is a Federal Firearms License holder and maintains a Corporate inventory as well as the local Center firearms inventory. GEO, in accordance with this Federal Firearms license, is audited routinely by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), and there have been no findings. All firearms will be inspected by the certified armorer and those inspections will be documented by the Facility Administrator.

Weapon safety is GEO's standard policy and loading and unloading and cleaning of firearms will take place in designated areas. Gun barrel clearing equipment will be situated outside the armory for clearing purposes and weapons will be cleaned in a secure area of the armory. All firearms will be properly maintained and certified as serviceable by GEO's Locksmith/Armory Officer. The Locksmith/Armory Officer will maintain appropriate supplies of firearm upkeep and maintenance equipment and ensure their safety prior to issuance to the Transportation Officer.

GEO will provide a complete list of licensed firearms by serial number and by location to the COR. GEO will maintain a current list of all licensed firearms and a list of approved firearms will be kept in the safe/vault. GEO will maintain all required state and municipality permits on file at the Center as well as at Corporate Headquarters.

Each officer's weapons permit will be kept on file at the Center as required by ATF, the State and ICE.

GEO will comply with providing the COR with the armed officers weapon permit upon request and will comply with providing a copy of the license three days prior to an assignment. GEO will ensure daily that all armed Officers have valid licenses in their possession at all times.

GEO will ensure accurate receipts and return entries are maintained in the Firearms and Equipment Control Register.

GEO's armed officers will be certified by the ICE COR in an approved intermediate weapon (baton/ASP and/or OC spray) in conformance with PBNDS security section 2.15 Use of Force or Restraints.

GEO will comply with ensuring each safe/vault remains locked at all times when not issuing or returning firearms or ammunition. GEO will ensure compliance with changing the safe/vault combination every six months or when circumstances warrant.

GEO will assign one or more staff to the position of Ammunition Control Officer and Firearms Control Officer (shown on GEO's staffing plan as Locksmith/Armory Officer).

B.Body Armor Requirements

GEO will provide body armor to all armed officer and transportation officers. Officers will be required to wear their issued body armor while on armed duty. In addition, GEO armed officers will be issued at a minimum threat level III protection and comply with GEO firearms policy, state and federal requirements, and as ICE's Body Armor Policy. GEO will ensure the replacement of body armor which becomes unserviceable and at the expiration of service life. Each armed officer's body armor will be replaced every five years.

Each armed officer, as part of the training curriculum, will be made aware of the effects of wearing body armor in high heat/humidity conditions. Water will be supplied during transport missions as well as at the Center enabling each officer to rehydrate. GEO will supply as required a minimum of two undergarment shirts designated for under armor wear. No personal body armor will be worn or authorized to be worn by GEO's/GTI's armed officers.

XI.Transition

A.Transition-In

GEO will be responsible for the transition of all activities identified in this PWS. Facilities that are currently active under contract with ICE will require only minimal start-up activities. For Facilities with delayed availability, GEO's transition-in will be accomplished as expeditiously as possible, with a maximum transition-in period of 60 days from Facility availability.

GEO's approach to transitioning is provided in Section I.3 of our response. As required by the PWS, GEO will submit a final Transition-in Plan for approval by the Contracting Officer's Representative (COR) within two (2) weeks after award reflecting input from the COR. This transition in plan will also reflect all necessary activities to facilitate the transition of services to the Contractor and expected completion dates of those activities.

B.Transition-Out

GEO will be responsible for the transition-out of all technical activities identified in this PWS during the final, awarded period of performance. GEO will submit the Transition-out Plan two (2) months prior to the completion of the period of performance of this

contract to be approved by the COR. GEO will complete the transition by the end of the period of performance of this Task Order. GEO will fully support the transition of all requirements to any successor to ensure no disruption in operational services.

Mesa Verde ICE Processing Center

Staffing Plan

THE GEO GROUP INC

MESA VERDE

400 BEDS

STAFFING PLAN

Executive Office

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Administrator	1.00				1.00	1.00
Training Administrator	1.00				1.00	1.00
Compliance Administrator	1.00				1.00	1.00
Fire & Safety/Grievance Manager	1.00				1.00	1.00
HR Manager	1.00				1.00	1.00
Administrative Assistant/Receptionist-01020	1.00				1.00	1.00
Sub Total	6.00	0.00	0.00	0.00		6.00

Business / Support

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Business Manager	1.00				1.00	1.00
Bookkeeper-Accounting Clerk II-01012	1.00				1.00	1.00
Computer Support Technician-14160	1.00				1.00	1.00
Detainee Accounts Clerk-Accounting Clerk I-01011	2.00				1.00	2.00
Mailroom Clerk-General Clerk I-01111	1.00				1.00	1.00
Contract Commissary Manager						
Contract Commissary Clerk						
Sub Total	6.00	0.00	0.00	0.00		6.00

THE GEO GROUP INC

MESA VERDE

400 BEDS

STAFFING PLAN

Maintenance

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Maintenance Supervisor	1.00				1.00	1.00
Maintenance Technician-23370	2.00				1.00	2.00
Sub Total	3.00	0.00	0.00	0.00		3.00

Food Service

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Food Service Manager	1.00				1.00	1.00
Cook Supervisor/Officer		3.00	3.00		1.00	6.00
Food Service /Maintenance Clerk-Gen Clerk I-01111	1.00				1.00	1.00
Sub-Total	2.00	3.00	3.00	0.00		8.00

THE GEO GROUP INC

MESA VERDE

400 BEDS

STAFFING PLAN

Health Care (contracted with Wellpath)

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Health Services Administrator-RN	1.00				1.00	1.00
Administrative Assistant	1.00				1.00	1.00
Medical Records Technician	1.00				1.00	2.00
Physician	1.00				1.00	1.00
Mid-Level	2.00				1.00	2.00
Dentist	0.50				1.00	0.50
Dental Assistant	0.50				1.00	0.50
Psychiatrist	0.30				1.00	0.30
Psychologist	1.00				1.00	1.00
RN		2.00	1.00	1.00	1.67	6.68
LVN		2.00	2.00	1.00	1.63	8.15
Sub Total	**8.30**	**4.00**	**3.00**	**2.00**		**24.13**

Programs

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Programs/Volunteer Coordinator	1.00				1.00	1.00
Chaplain	1.00				1.00	1.00
Case Manager	2.00				1.00	2.00
Library Technician-13058	1.00				1.00	1.00
Recreation Specialist-28515	1.00				1.00	1.00
Sub Total	**6.00**	**0.00**	**0.00**	**0.00**		**6.00**

Security Supervisors

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Chief of Security	1.00				1.00	1.00
Shift Supervisor/Lieutenant		1.00	1.00	1.00	1.67	5.00

THE GEO GROUP INC

MESA VERDE

400 BEDS

STAFFING PLAN

Armory/Lockshop Sergeant (Conformed)	1.00				1.00	1.00
Security Clerk-General Clerk I-01111	1.00				1.00	1.00
Sub-Total	**3.00**	**1.00**	**1.00**	**1.00**		**8.00**

Detention Officer

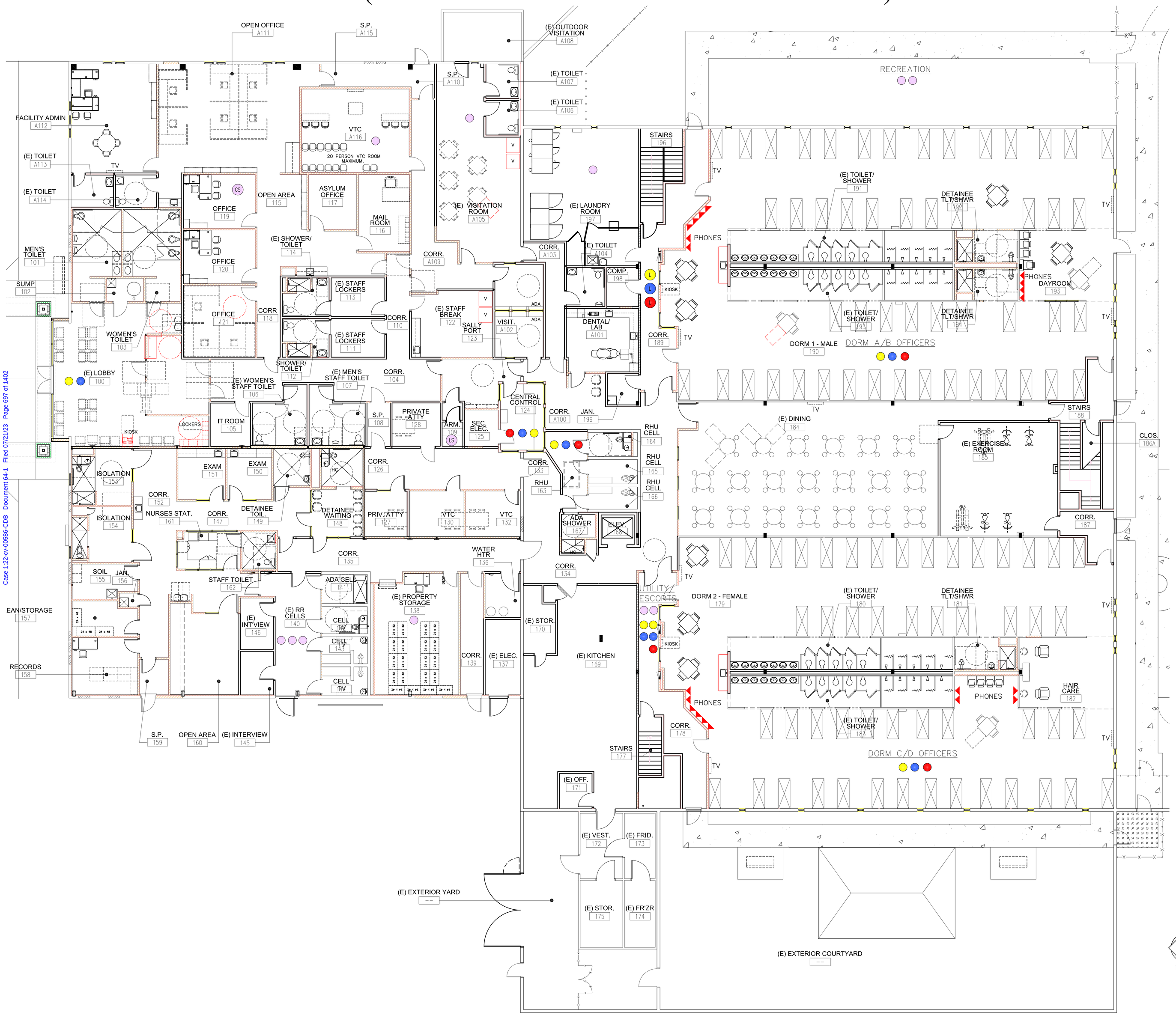
	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
					1.73	
Control Room Officer		1.00	1.00	1.00	1.73	5.20
Dorm A / B Officer		1.00	1.00	1.00	1.73	5.20
Dorm C / D Officer		1.00	1.00	1.00	1.73	5.20
Dorm E / F Officer		1.00	1.00	1.00	1.73	5.20
Dorm G / H Officer (females)		1.00	1.00	1.00	1.73	5.20
Escort / Utility / Break Officer	2.00	2.00	2.00	1.00	1.73	12.12
Lobby Officer		1.00	1.00		1.73	3.46
Yard Officer	2.00				1.73	3.46
Intake / Release Officer	3.00				1.73	5.20
Visitation Officer	1.00				1.73	1.73
Laundry Officer	1.00				1.20	1.20
Warehouse / Property Officer	1.00				1.20	1.20
Medical Officer / 2nd Story Medical	2.00				1.73	3.46
Medical Escort Officer	3.00				1.73	5.20
RHU Officer (NEW)		1.00	1.00	1.00	1.73	5.20
Courtroom Officer (NEW)	1.00				1.20	1.20
Sub-Total	**16.00**	**9.00**	**9.00**	**7.00**		**69.42**

SUMMARY *

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Executive Office	6.00	0.00	0.00	0.00		6.00
Business / Support	6.00	0.00	0.00	0.00		6.00
Maintenance	3.00	0.00	0.00	0.00		3.00
Health Care (contracted with Wellpath)	8.30	4.00	3.00	2.00		24.13
Programs	6.00	0.00	0.00	0.00		6.00
Food Service	2.00	3.00	3.00	0.00		8.00
Security Supervisors	3.00	1.00	1.00	1.00		8.00
Detention Officer	16.00	9.00	9.00	7.00		69.42
TOTAL STAFF	**50.30**	**17.00**	**16.00**	**10.00**		**130.55**

Deployment Plan

MESA VERDE ICE PROCESSING CENTER
(PROPOSED - SECURITY DEPLOYMENT)



SECURITY LEGEND

- CS – CHIEF OF SECURITY
- LS – LOCKSMITH
- L – 1ST LIEUTENANT
- L – 2ND LIEUTENANT
- L – 3RD LIEUTENANT
- L – ADMIN. SHIFT LIEUTENANT
- S – ADMIN. SHIFT SERGEANT

OFFICERS

- 1ST SHIFT
- 2ND SHIFT
- 3RD SHIFT
- ADMIN. SHIFT

TRANSPORTATION

NORTH

FIRST FLOOR STAFFING PLAN

1/8"=1'-0"

PROJECT TITLE/ LOCATION
MESA VERDE ICE PROCESSING CENTER
BAKERSFIELD, CA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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ARCHITECTS AND ENGINEERS

DESIGN/BUILDER

KEY PLAN

PROFESSIONAL SEALS

NO.	ISSUE DESCRIPTION	DATE
1.	ICE RFP SUBMISSION	10-31-19
2.		
3.		
4.		
5.		
6.		
7.		
8.		

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

FIRST FLOOR STAFFING PLAN

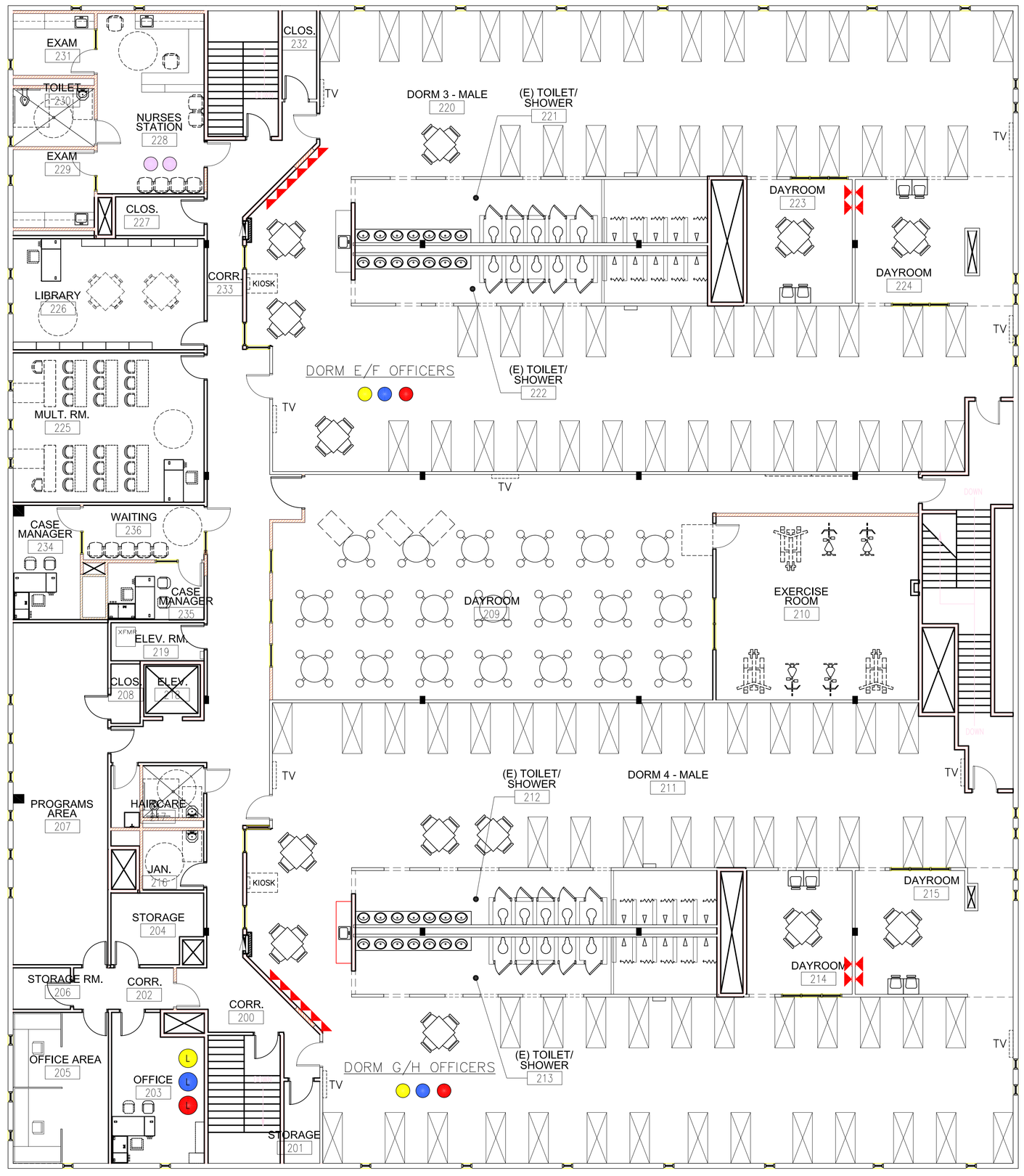
Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

ST-1

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 697 of 1402

MESA VERDE ICE PROCESSING CENTER
(PROPOSED - SECURITY DEPLOYMENT)



SECURITY LEGEND

- CS – CHIEF OF SECURITY
- LS – LOCKSMITH
- L – 1ST LIEUTENANT
- L – 2ND LIEUTENANT
- L – 3RD LIEUTENANT
- L – ADMIN. SHIFT LIEUTENANT
- S – ADMIN. SHIFT SERGEANT

OFFICERS

- – 1ST SHIFT
- – 2ND SHIFT
- – 3RD SHIFT
- – ADMIN. SHIFT

NORTH

SECOND FLOOR STAFFING PLAN

1/8"=1'-0"

PROJECT TITLE/ LOCATION

MESA VERDE
ICE PROCESSING CENTER
BAKERSFIELD, CA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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ARCHITECTS AND ENGINEERS

DESIGN/BUILDER

KEY PLAN

PROFESSIONAL SEALS

NO.	ISSUE DESCRIPTION	DATE
1.	ICE RFP SUBMISSION	10-31-19

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

SECOND FLOOR
STAFFING PLAN

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

ST-2

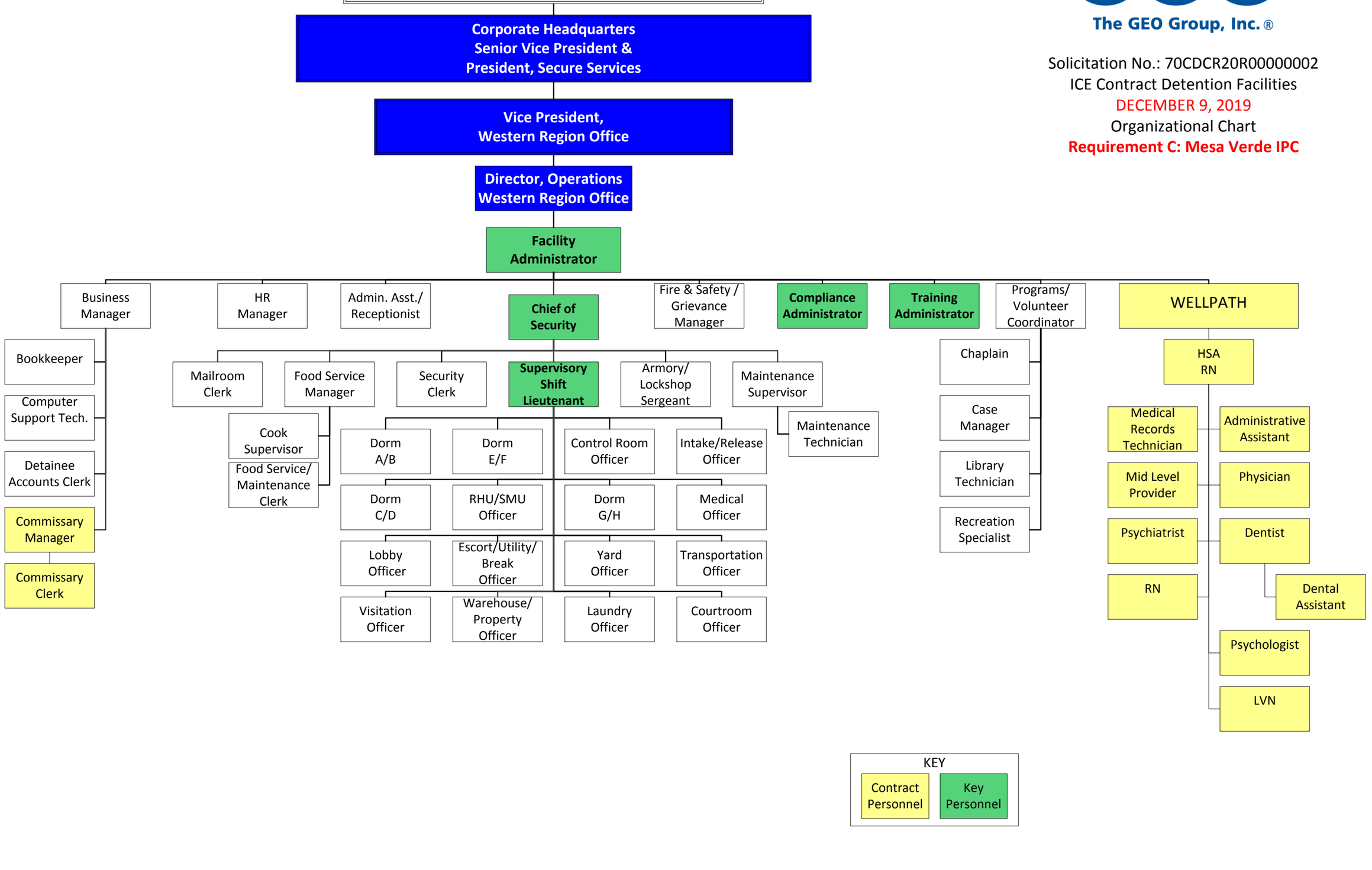
Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 698 of 1402

Organizational Chart

United States Department of Homeland Security
U.S. Immigration & Customs Enforcement

The GEO Group, Inc. ®

Solicitation No.: 70CDCR20R00000002
ICE Contract Detention Facilities
DECEMBER 9, 2019
Organizational Chart
Requirement C: Mesa Verde IPC



Central Valley Modified Community Correctional Facility

Staffing Plan

The GEO Group, Inc.
CENTRAL VALLEY
700 BEDS
STAFFING PLAN

Executive Office

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Administrator	1.00				1.00	1.00
Assistant Facility Administrator	1.00				1.00	1.00
HR Manager	1.00				1.00	1.00
Compliance Administrator	1.00				1.00	1.00
PREA Administrator/Grievance/Disability Coordinator	1.00				1.00	1.00
Training Administrator	1.00				1.00	1.00
Fire & Safety Manager	1.00				1.00	1.00
Executive Secretary II-01312	1.00				1.00	1.00
Sub Total	**8.00**	**0.00**	**0.00**	**0.00**		**8.00**

Business

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Business Manager	1.00				1.00	1.00
Computer Support Technician-14160	1.00				1.00	1.00
HR Specialist-Personnel Assistant III-01263	1.00				1.00	1.00
Bookkeeper-Accounting Clerk III-01013	1.00				1.00	1.00
Detainee Banking Clerk-Accounting Clerk II-01012	1.00				1.00	1.00
Accounts Payable/Payroll Clerk-Acct Clerk III-01013	1.00				1.00	1.00
Mailroom Clerk-General Clerk II-01112	2.00				1.00	2.00
Warehouse Clerk-General Clerk II-01112	1.00				1.00	1.00
Receptionist-01460	1.00				1.00	1.00
Janitor-11150	2.00				1.00	2.00
Contract Commissary						
Sub Total	**12.00**	**0.00**	**0.00**	**0.00**		**12.00**

Maintenance

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Maintenance Manager	1.00				1.00	1.00
General Maint Tech-23370	2.00				1.00	2.00
Sub Total	**3.00**	**0.00**	**0.00**	**0.00**		**3.00**

Food Service

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Food Service Manager	1.00				1.00	1.00
Cook II-07042		2.50	2.50		1.60	8.00
Food Serv/Maintenance-Accounting Clerk II-01012	1.00				1.00	1.00
Sub-Total	**2.00**	**2.50**	**2.50**	**0.00**		**10.00**

Health Care (contracted with Wellpath)

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Health Services Administrator	1.00				1.00	1.00
Director of Nursing - RN	1.00				1.00	1.00
Administrative Assistant	1.00				1.00	1.00
Nurse Practitioner/PA	2.00				1.00	2.00
Registered Nurse II (IDC/Clinical)	1.00				1.00	1.00
Registered Nurse II		2.00	2.00	1.00	1.67	8.35
Licensed Vocational Nurse III		2.00	2.00	1.00	1.63	8.15
Medical Records Technician	2.00				1.00	2.00
Physician	40	hours per week				1.00
Psychologist	40	hours per week				1.00
Dentist	20	hours per week				0.50
Dental Assistant	20	hours per week				0.50
Psychiatrist	12	hours per week				0.30
Sub Total	**8.00**	**4.00**	**4.00**	**2.00**		**27.80**

Programs

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Programs/Volunteers Coordinator	1.00				1.00	1.00
Chaplain	1.00				1.00	1.00
Classification / Case Manager (Housing A/B)	2.00				1.00	2.00
Records Clerk-General Clerk II-01112	2.00				1.00	2.00
Library Technician-13058	1.00				1.00	1.00
Recreation Specialist-28515	1.00				1.00	1.00
Sub Total	**8.00**	**0.00**	**0.00**	**0.00**		**8.00**

Security Supervisors

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Supervisory Detention Captain (Chief of Security)	1.00				1.00	1.00
Administrative Lieutenant / Transport Lieutenant	2.00				1.00	2.00
Intake Lt	1.00				1.00	1.00
Supervisory Detention Shift Lieutenant		1.00	1.00	1.00	1.67	5.00
Security / Transport Clerk-General Clerk I-01111	2.00				1.00	2.00
Armory/Locksmith Officer	1.00				1.00	1.00
Sub-Total	7.00	1.00	1.00	1.00		12.00

Detention Officers-27040

	NonShift	Days	Evening	Night	Relief	FTE
Central Control		2.00	2.00	1.00	1.732	8.66
Perimeter Patrol		1.00	1.00	1.00	1.732	5.20
Housing A		4.00	4.00	4.00	1.732	20.78
Housing B		4.00	4.00	4.00	1.732	20.78
RHU		2.00	2.00	1.00	1.732	8.66
Intake / Release		2.00	2.00	1.00	1.732	8.66
Medical		1.00	1.00	1.00	1.732	5.20
Recreation		2.00	2.00		1.732	6.93
Escort / Utility		3.00	2.00	2.00	1.732	12.12
Visitation		2.00			1.732	3.46
Laundry		1.00			1.200	1.20
Property	1.00				1.200	1.20
Programs	1.00				1.200	1.20
Front Desk		1.00	1.00		1.600	3.20
Kitchen		1.00	1.00		1.732	3.46
VTC / Bailiff	2.00				1.200	2.40
Medical Escort Officer	4.00				1.732	6.93
rounding						-0.05
Sub-Total	8.00	26.00	22.00	15.00		120.00

SUMMARY

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Executive Office	8.00	0.00	0.00	0.00		8.00
Business	12.00	0.00	0.00	0.00		12.00
Maintenance	3.00	0.00	0.00	0.00		3.00
Health Care (contracted with Wellpath)	8.00	4.00	4.00	2.00		27.80
Programs	8.00	0.00	0.00	0.00		8.00
Food Service	2.00	2.50	2.50	0.00		10.00
Security Supervisors	7.00	1.00	1.00	1.00		12.00
Detention Officers-27040	8.00	26.00	22.00	15.00		120.00
TOTAL STAFF	56.00	33.50	29.50	18.00		200.80

Deployment Plan

CENTRAL VALLEY COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - SECURITY DEPLOYMENT)



PROPOSED STAFFING PLAN

NORTH 0 8 16 32 FT 1/16"=1'-0"

SECURITY LEGEND

- CS – CHIEF OF SECURITY
- TL – TRANSPORT LIEUTENANT
- IL – INTAKE LIEUTENANT
- LS – LOCKSMITH
- L – 1ST SHIFT LIEUTENANT
- L – 2ND SHIFT LIEUTENANT
- L – 3RD SHIFT LIEUTENANT
- L – ADMIN. SHIFT LIEUTENANT
- S – 1ST SERGEANT
- S – 2ND SERGEANT
- S – 3RD SERGEANT
- S – ADMIN. SHIFT SERGEANT

OFFICERS

- – 1ST SHIFT
- – 2ND SHIFT
- – 3RD SHIFT
- – ADMIN. SHIFT

PROJECT TITLE/ LOCATION

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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ARCHITECTS AND ENGINEERS

DESIGN/BUILDER

KEY PLAN

PROFESSIONAL SEALS

NO.	ISSUE DESCRIPTION	DATE
1.	ICE RFP SUBMISSION	10-31-19

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

PROPOSED STAFFING PLAN

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

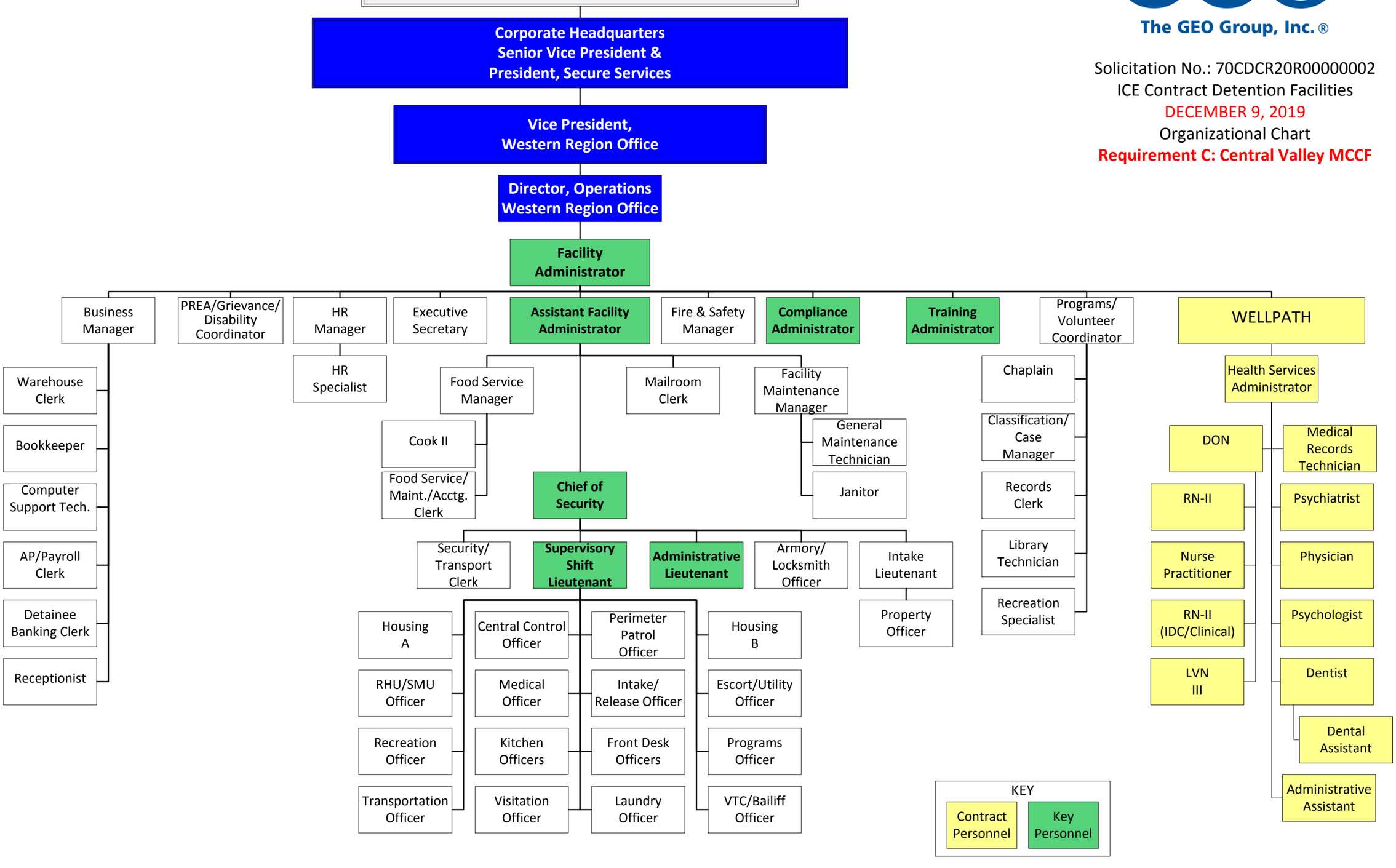
ST-1

Organizational Chart

United States Department of Homeland Security
U.S. Immigration & Customs Enforcement

The GEO Group, Inc. ®

Solicitation No.: 70CDCR20R00000002
ICE Contract Detention Facilities
DECEMBER 9, 2019
Organizational Chart
Requirement C: Central Valley MCCF



Golden State Modified Community Correctional Facility

Staffing Plan

The GEO Group, Inc.
GOLDEN STATE
700 BEDS
STAFFING PLAN

Executive Office

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Administrator	1.00				1.00	1.00
Assistant Facility Administrator	1.00				1.00	1.00
HR Manager	1.00				1.00	1.00
Compliance Administrator	1.00				1.00	1.00
PREA Administrator/Grievance/Disability Coordinator	1.00				1.00	1.00
Training Administrator	1.00				1.00	1.00
Fire & Safety Manager	1.00				1.00	1.00
Executive Secretary II-01312	1.00				1.00	1.00
Sub Total	**8.00**	**0.00**	**0.00**	**0.00**		**8.00**

Business

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Business Manager	1.00				1.00	1.00
Computer Support Technician-14160	1.00				1.00	1.00
HR Specialist-Personnel Assistant III-01263	1.00				1.00	1.00
Bookkeeper-Accounting Clerk III-01013	1.00				1.00	1.00
Detainee Banking Clerk-Accounting Clerk II-01012	1.00				1.00	1.00
Accounts Payable/Payroll Clerk-Acct Clerk III-01013	1.00				1.00	1.00
Mailroom Clerk-General Clerk II-01112	2.00				1.00	2.00
Warehouse Clerk-General Clerk II-01112	1.00				1.00	1.00
Receptionist-01460	1.00				1.00	1.00
Janitor-11150	2.00				1.00	2.00
Contract Commissary						
Sub Total	**12.00**	**0.00**	**0.00**	**0.00**		**12.00**

Maintenance

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Maintenance Manager	1.00				1.00	1.00
General Maint Tech-23370	2.00				1.00	2.00
Sub Total	**3.00**	**0.00**	**0.00**	**0.00**		**3.00**

Food Service

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Food Service Manager	1.00				1.00	1.00
Cook II-07042		2.50	2.50		1.60	8.00
Food Serv/Maintenance-Accounting Clerk II-01012	1.00				1.00	1.00
Sub-Total	**2.00**	**2.50**	**2.50**	**0.00**		**10.00**

Health Care (contracted with Wellpath)

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Health Services Administrator	1.00				1.00	1.00
Director of Nursing - RN	1.00				1.00	1.00
Administrative Assistant	1.00				1.00	1.00
Nurse Practitioner/PA	2.00				1.00	2.00
Registered Nurse II (IDC/Clinical)	1.00				1.00	1.00
Registered Nurse II		2.00	2.00	1.00	1.67	8.35
Licensed Vocational Nurse III		2.00	2.00	1.00	1.63	8.15
Medical Records Technician	2.00				1.00	2.00
Physician	40	hours per week				1.00
Psychologist	40	hours per week				1.00
Dentist	20	hours per week				0.50
Dental Assistant	20	hours per week				0.50
Psychiatrist	12	hours per week				0.30
Sub Total	**8.00**	**4.00**	**4.00**	**2.00**		**27.80**

Programs

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Programs/Volunteers Coordinator	1.00				1.00	1.00
Chaplain	1.00				1.00	1.00
Classification / Case Manager (Housing A/B)	2.00				1.00	2.00
Records Clerk-General Clerk II-01112	2.00				1.00	2.00
Library Technician-13058	1.00				1.00	1.00
Recreation Specialist-28515	1.00				1.00	1.00
Sub Total	**8.00**	**0.00**	**0.00**	**0.00**		**8.00**

Security Supervisors

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Supervisory Detention Captain (Chief of Security)	1.00				1.00	1.00
Administrative Lieutenant / Transport Lieutenant	2.00				1.00	2.00
Intake Lt	1.00				1.00	1.00
Supervisory Detention Shift Lieutenant		1.00	1.00	1.00	1.67	5.00
Security / Transport Clerk-General Clerk I-01111	2.00				1.00	2.00
Armory/Locksmith Officer	1.00				1.00	1.00
Sub-Total	7.00	1.00	1.00	1.00		12.00

Detention Officers-27040

	NonShift	Days	Evening	Night	Relief	FTE
Central Control		2.00	2.00	1.00	1.732	8.66
Perimeter Patrol		1.00	1.00	1.00	1.732	5.20
Housing A		4.00	4.00	4.00	1.732	20.78
Housing B		4.00	4.00	4.00	1.732	20.78
RHU		2.00	2.00	1.00	1.732	8.66
Intake / Release		2.00	2.00	1.00	1.732	8.66
Medical		1.00	1.00	1.00	1.732	5.20
Recreation		2.00	2.00		1.732	6.93
Escort / Utility		3.00	2.00	2.00	1.732	12.12
Visitation		2.00			1.732	3.46
Laundry		1.00			1.200	1.20
Property	1.00				1.200	1.20
Programs	1.00				1.200	1.20
Front Desk		1.00	1.00		1.600	3.20
Kitchen		1.00	1.00		1.732	3.46
VTC / Bailiff	2.00				1.200	2.40
Medical Escort Officer	4.00				1.732	6.93
rounding						-0.05
Sub-Total	8.00	26.00	22.00	15.00		120.00

SUMMARY

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Executive Office	8.00	0.00	0.00	0.00		8.00
Business	12.00	0.00	0.00	0.00		12.00
Maintenance	3.00	0.00	0.00	0.00		3.00
Health Care (contracted with Wellpath)	8.00	4.00	4.00	2.00		27.80
Programs	8.00	0.00	0.00	0.00		8.00
Food Service	2.00	2.50	2.50	0.00		10.00
Security Supervisors	7.00	1.00	1.00	1.00		12.00
Detention Officers-27040	8.00	26.00	22.00	15.00		120.00
TOTAL STAFF	56.00	33.50	29.50	18.00		200.80

Deployment Plan

GOLDEN STATE COMMUNITY CORRECTIONAL FACILITY
(PROPOSED - SECURITY DEPLOYMENT)



SECURITY LEGEND

- CS – CHIEF OF SECURITY
- TL – TRANSPORT LIEUTENANT
- IL – INTAKE LIEUTENANT
- LS – LOCKSMITH
- L – 1ST SHIFT LIEUTENANT
- L – 2ND SHIFT LIEUTENANT
- L – 3RD SHIFT LIEUTENANT
- L – ADMIN. SHIFT LIEUTENANT
- S – 1ST SERGEANT
- S – 2ND SERGEANT
- S – 3RD SERGEANT
- S – ADMIN. SHIFT SERGEANT

OFFICERS

- – 1ST SHIFT
- – 2ND SHIFT
- – 3RD SHIFT
- – ADMIN. SHIFT

NORTH

PROPOSED STAFFING PLAN

0 8 16 32 FT

1/16"=1'-0"

PROJECT TITLE/ LOCATION

GOLDEN STATE MODIFIED COMMUNITY CORRECTIONAL FACILITY
CALIFORNIA

RFP # 70CDCR20R00000002

DEVELOPER/OPERATOR:

THE GEO GROUP INC.
ONE PARK PLACE SUITE 700
621 NORTHWEST 53rd Street
BOCA RATON , FLORIDA 33487

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ARCHITECTS AND ENGINEERS

DESIGN/BUILDER

KEY PLAN

PROFESSIONAL SEALS

NO.	ISSUE DESCRIPTION	DATE
1.	ICE RFP SUBMISSION	10-31-19

REVISION DESCRIPTION	DATE

DRAWN BY: REVIEWED BY:

PROJECT NO:

SHEET TITLES:

PROPOSED STAFFING PLAN

Original drawing is 30" x 42". Scale entities accordingly if reduced

SHEET NUMBER:

ST-1

Organizational Chart

United States Department of Homeland Security
U.S. Immigration & Customs Enforcement

The GEO Group, Inc. ®

Solicitation No.: 70CDCR20R00000002
ICE Contract Detention Facilities
DECEMBER 9, 2019
Organizational Chart
Requirement C: Golden State MCCF

Corporate Headquarters
Senior Vice President &
President, Secure Services

Vice President,
Western Region Office

Director, Operations
Western Region Office

Facility Administrator

- Business Manager
  - Warehouse Clerk
  - Bookkeeper
  - Computer Support Tech.
  - AP/Payroll Clerk
  - Detainee Banking Clerk
  - Receptionist
- PREA/Grievance/ Disability Coordinator
- HR Manager
  - HR Specialist
- Executive Secretary
- **Assistant Facility Administrator**
  - Food Service Manager
    - Cook II
    - Food Service/ Maint./Acctg. Clerk
  - Mailroom Clerk
  - Facility Maintenance Manager
    - General Maintenance Technician
    - Janitor
  - **Chief of Security**
    - Security/ Transport Clerk
    - **Supervisory Shift Lieutenant**
      - Housing A
      - Central Control Officer
      - Perimeter Patrol Officer
      - Housing B
      - RHU/SMU Officer
      - Medical Officer
      - Intake/ Release Officer
      - Escort/Utility Officer
      - Recreation Officer
      - Kitchen Officers
      - Front Desk Officers
      - Programs Officer
      - Transportation Officer
      - Visitation Officer
      - Laundry Officer
      - VTC/Bailiff Officer
    - **Administrative Lieutenant**
    - Armory/ Locksmith Officer
    - Intake Lieutenant
      - Property Officer
- Fire & Safety Manager
- **Compliance Administrator**
- **Training Administrator**
- Programs/ Volunteer Coordinator
  - Chaplain
  - Classification/ Case Manager
  - Records Clerk
  - Library Technician
  - Recreation Specialist
- WELLPATH
  - Health Services Administrator
    - DON
      - RN-II
      - Nurse Practitioner
      - RN-II (IDC/Clinical)
      - LVN III
    - Medical Records Technician
    - Psychiatrist
    - Physician
    - Psychologist
    - Dentist
      - Dental Assistant
    - Administrative Assistant

KEY
- Contract Personnel
- Key Personnel

I.1.C - Management Plan

I. Demonstrated Technical/Management Capabilities
1. Technical Management Approach
C. MANAGEMENT PLAN

GEO has 30 years of experience successfully managing the operations of processing centers on behalf of U.S. Immigration and Customs Enforcement (ICE). Currently, GEO manages approximately 17,600 detainee beds for ICE at 17 facilities.

Introduction
GEO has read and understands the requirements outlined in the Performance Work Statement (PWS) and fully appreciates that the successful operation of an ICE Processing Center requires attention to detail, not only in the execution of the contract at the operational level, but also in the spirit of full cooperation and partnership at the national agency level. GEO has worked closely and constructively with U.S. Immigration and Customs Enforcement (ICE) for more than 30 years, and we are committed to continuing that quality partnership under this Requirement.

GEO currently manages approximately 17,600 beds under contract with ICE and has worked in partnership with ICE since 1986. Pursuant to our delivery of quality services, GEO will ensure each Center proposed under this Requirement provides a safe, secure, and humane environment that promotes the welfare and socialization of detainees.

The PWS will guide the implementation of services at the proposed Processing Centers under the contract. The PWS informs both client and contractor expectations regarding performance requirements.

Coordination with ICE and Enforcement Removal Operations (ERO)
GEO welcomes all communications from ICE regarding this contract. It is essential to include representatives of ICE as active participants in the activation and continued operation of the Processing Centers. Therefore, coordination with ICE will begin upon contract award and continue throughout the activation and ongoing operation of the Centers.

GEO believes strongly in the "team concept." The Facility Administrator, as well as GEO's Western Regional Vice President, regional staff, and the corporate and Processing Center implementation teams, will continue to build upon the established cooperative working relationship with ICE to ensure an efficient implementation of the new contract. During the activation of each Center under this Requirement, the Facility Administrator

will ensure that ICE officials are kept abreast of progress as well as any operational conditions and events.

GEO proposes regular informal meetings with government staff to discuss implementation progress and solutions to any problems that might develop.

A variety of relationships and levels of confidence will be developed and will be strengthened as the operation continues. The on-site Facility Administrators and corporate officers will be available 24 hours daily to ICE officials. The Contracting Officer's Representative (COR) will have full access to Facility operations, detainee records, individual detainees and Centers to ensure cooperative adherence of the highest standards. For the purposes of consistency and reliability of communication, the following procedures are proposed for each facility:

- The Facility Administrator and his staff will work with on-site ICE staff to establish reliable and confidential relationships wherein day-to-day communications take place at the facility level with compliance reviews, discussions regarding the reviews, and corrective actions.

- The COR and the Contracting Officer (CO), as well as other ICE designated officials, are invited to staff meetings regarding the management/operation of the facility. These meetings are critical for facility operations staff to maintain awareness and implement plans for improving functional area performance, with priority attention given to areas that need work, and areas that need direction.

GEO's provision of supervision and secure services at the facility will enable the ERO division of ICE to fulfill its mission regarding the planning, management, and direction of programs relating to the supervision, processing, and deportation of detainees during all phases of activity in the Center.

Management and Supervision

The Facility Administrator will be responsible and accountable for the management of the Center and the direction of its work force. The Facility Administrator will be delegated full authority, in conformity with applicable State and Federal laws, as well as ICE and GEO policy, to manage, plan and direct the total operations of the Center. The Facility Administrator will be supported by GEO's Los Angeles-based Western Regional Office headed by Regional Vice President Paul Laird and Corporate Headquarters support staff to ensure the necessary resources are available to execute the contract.

Key management staff will assist the Facility Administrator in his endeavors to successfully manage and operate the Facility daily and throughout the contract period of performance. The key management staff for this Facility will be an experienced group of

professionals comprised of an Assistant Facility Administrator, Quality Assurance Manager (Compliance Administrator), Training Administrator, Chief of Security, and Transportation Manager.

A cadre of highly competent supervisors and professional practitioners will support the key management staff and provide the day-to-day guidance and instruction to the Facility's work force.

The Facility Administrator will hold weekly meetings with functional department heads or leads to discuss planned and unplanned activities to be addressed or accomplished to meet contract deliverables. These meetings are used to identify needs and issues, and to schedule and allocate the resources necessary to effectively support the activities. Close-out meetings will be held for those activities that require follow-up. Managers will provide progress reports during the weekly and close-out meetings to document the status of ongoing operations and work activities. The Facility Administrator will in turn communicate with the CO, COR or other designated ICE officials to report issues or concerns as required by ICE or GEO policies and procedures.

Effective Business Management

GEO's Secure Services Business Unit is led by Senior Vice President Dave Donahue, with more than 30 years of experience. He is supported by 30 subject matter experts in secure services, administration, security, health services, food services, and risk management. On a daily basis, they oversee the three U.S. Regional Offices and operations in the United Kingdom, Australia, and South Africa. GEO's Secure Services Division oversees the management and operation of approximately 75,500 beds in 71 secure facilities. This division provides services on behalf of the Federal Bureau of Prisons, U.S. Marshals Service, and U.S. Immigration and Customs Enforcement, as well as nine state correctional clients and various county and city jurisdictions around the country. GEO's three Regional Offices provide Center oversight and support, ensuring immediate and direct assistance to the Center management teams. Each regional operating structure is headed by a Regional Vice President who oversees approximately two dozen experts in security, medical, financial, contract compliance, human resources, and other support services. This regional operating structure enables GEO to implement superior quality controls, develop personalized professional relationships, and ensure the delivery of a full complement of high-quality services.

Use and Oversight of Subcontractors

GEO may elect to utilize subcontractors to provide certain components of operations and management services at the Processing Centers proposed under this Requirement. These components may include, but are not limited to, commissary services, food service operations, health services professionals, and programmatic services.

Competitive Pricing criteria and procedures are based on the expected annual purchasing activity as determined by the Center business manager, regional business director, or the corporate purchasing manager. GEO awards its subcontractor services based on competitive "best value" taking into account the vendor's pricing, service history and profile.

GEO will be responsible for the oversight and management of any subcontractors used to perform any portion of the services under this contract.

Policies and Procedures that are ICE-Tested

The effective management and operation of each Center proposed under this requirement is dependent on detailed procedures that have been developed, implemented, assessed, revised, and thoroughly time tested in ICE Center operations across the country. GEO policies and procedures development is given the highest priority because it is the foundation for everything we do in the operations of an ICE Processing Center. Because we are tasked with a tremendous responsibility to safeguard the health and welfare of the detainees in our care, and the government officials and employees who work in the Center, documented policies and procedures are essential to achieving this basic goal. GEO creates and maintains policies that are consistent and complementary to ICE and American Correctional Association (ACA) standards and these policies are the core element of our Management Plan to effectively operate the Center. Our performance-based approach requires a thorough understanding of the PWS, the Center mission, and the detainee population to efficiently administer the contract and successfully accomplish all PWS requirements.

Rigorous Performance Measures

GEO devotes considerable corporate and Center resources for assuring total compliance with contractual requirements during contract operations, and that integrity, professionalism and quality are maintained by all employees as they perform their duties. We track performance measures through a system of inspections, audits, formal reporting, corporate oversight, and Center reviews that document our contract performance. GEO has established policies and procedures that govern operations performance in all PWS areas, and separate compliance policies and procedures for independent audits and validation of the quality and level of our contract performance. In addition, GEO provides explicit guidelines to on-site administrators with the highest level of expectations for the accomplishment of quality assurance that meets or exceeds ICE requirements. GEO's system of feedback to decision makers at the Center, contracting agency and corporate levels is designed to encourage employees and community support groups to give input for improvement and/or change.

The overriding purpose of performance measures is to capitalize on successes and to identify deficiencies in the quality of services throughout the entire scope of the contract

and implement corrective action before the level of performance becomes unsatisfactory. The analysis of the performance measures data generates reports that are used by our management team and employees to implement continuous improvement of ongoing operations, and to guide Center managers in prioritizing work activities and allocating resources for effectively accomplishing work. This methodology allows GEO to efficiently meet contract requirements and the expectations of our client.

The following items represent, in part, the proposed performance measures for each Center proposed under this Requirement:

- GEO will obtain initial ACA accreditation within 12 months of operation and maintain ACA accreditation throughout the contract.
- GEO will develop and maintain a Quality Control Program (QCP) that works in coordination with the Quality Assurance objectives of the client and review the adequacy of the plan annually.
- GEO will accurately and completely report 100% of all physical force incidents, in accordance with the applicable GEO and ICE policies and procedures.
- GEO will accurately and completely report 100% of all serious incidents, in accordance with the applicable GEO and ICE policies and procedures.
- GEO will process all background investigations through the ICE Security Office via the COR after identifying a suitable applicant.
- GEO will staff all positions with fully qualified employees, including special certification and licenses where applicable. 100% of these certifications and licenses will be reviewed annually for currency.
- GEO will maintain valid current insurance policies as required by contract and will annually review 100% of these policies to ensure they continue to meet the needs of the Center.

Strict Compliance with ICE PBNDS

GEO has a thirty-year history of working under and complying with ICE standards for processing centers, including the National Detention Standards that preceded ICE's current Performance-Based National Detention Standards (PBNDS) implemented in 2008. GEO has continued to work in partnership with ICE as the PBNDS was revised in 2011, and again in 2016, and will continue to do so as ICE implements new Immigration Detention Reform Initiatives.

Our current policies and operations embrace ICE PBNDS as follows:

- GEO has developed and maintained policies and procedures at all of our GEO-operated ICE Processing Centers that are consistent and complementary to the requirements of ICE PBNDS and the ACA standards.

- GEO's current operating procedures at our ICE Processing Centers include Post Orders and Standard Operating Procedures (SOP) that are consistent with the requirements of the PBNDS and the ACA standards.
- Yearly reviews of each Center's policies, post orders and standard operating procedures will be conducted by key management staff to ensure compliance with ICE PBNDS. If changes are necessary, the changes require the signature of the Facility Administrator and the Assistant Field Office Director.
- Key management staff consisting of the Assistant Facility Administrator, Chief of Security, and Compliance Administrator, etc. will assist the Facility Administrator in weekly inspections of the Center to ensure compliance with ICE PBNDS.
- Key management staff will work closely with the COR through regularly scheduled meetings and weekly inspections of compliance with ICE PBNDS.
- GEO's QCP is consistent with ICE PBNDS. This provides a check and balance system for the Center in addition to the regular inspections by the client.
- Weekly meetings will be held with the client to ensure that any problems that may arise are addressed immediately.
- Annual training on ICE PBNDS will be conducted for all Center staff.

GEO remains committed to providing the best service and highest quality operations within our ICE Processing Centers through stringent internal oversight and strict adherence to the ICE Performance-Based National Detention Standards.

Innovative Solutions to Meet ERO Objectives

GEO has developed and implemented policies, programs and tools specific to the needs of ICE and ERO that provide innovative solutions to achieve ICE goals, increase performance, improve efficiency, and reduce cost. Notable among these are:

- **GEOtrack**, our proprietary subject management system that is used for both Centers and transportation operations to capture subject information, characteristics and movement data.
- **Contract Compliance Quality Control Program**, our aggressive oversight and auditing program that is embedded throughout the entire operation with Corporate, Regional, and Center support staff having roles in oversight and reviews.
- **Workplace Violence Prevention Program (WVPP)**, our industry standard-setting program to reduce or eliminate the hazards to worker health and safety in applicable secure services facilities and adult ICE Processing Centers.

- **Prison Rape Elimination Act (PREA) Program**, our DOJ/DHS PREA Standards compliant program for all of our Secure Services, Reentry and Youth Services Facilities.
- **Training Program and Learning Management System (LMS),** our training program and LMS ensure all employees are trained in accordance with all PWS requirements, as well as additional Center specific training. The LMS schedules and documents training for each employee and all training is conducted by trainers certified by the National Institute of Corrections (NIC).

GEOtrack: GEO developed this proprietary Subject Management System for collecting subject information and to track the activities of subjects housed within our GEO and GEO Care facilities, and those transported by our transportation subsidiary, GTI. It captures subject data, tracks their location, and provides the necessary information to safely operate our facilities and comply with contract reporting requirements. Our GEOtrack system is capable of providing far more readily available information than many of our clients have available to them within their own information systems. For this reason, our clients often rely on our GEOtrack system as an important source of information on the subjects they have entrusted to our company. GEOtrack benefits include:

- Streamlined information flow throughout each Center
- Increased data accuracy and availability
- Extensive report capabilities
- Data security/redundancy
- Continued development of new and existing functionality
- 24/7 support
- Customizable per Center
- Can be made available throughout each Center

GEOtrack is a proprietary solution built and maintained within GEO's secure environment and is included in our present pricing. GEOtrack is currently in use at all GEO ICE facilities.

GEO will provide access to reports and the entire system when requested via GEO's secure portal.

GEO will implement the SORN approval process during the Operations Transition Period.

GEOtrack is a Centralized Subject Management System designed to track information on subjects housed within our GEO and GEO Care Facilities. It provides the necessary information to safely operate our facilities and comply with most contract reporting requirements.

GEOtrack manages all aspects of the residents stay at the facilities. It has been designed to track every part of their stay from arrival through discharged.

GEOtrack operates on a fully virtualized load balanced environment that provides 99.9% availability. The environment is backed up at multiple levels to ensure minimal data loss in the event of catastrophic hardware failure. The underlying storage systems uses tiered flash storage to ensure the highest levels of performance and fault tolerance.

GEOtrack's infrastructure is divided between multiple data centers and all data is replicated between the data centers. GEOtrack's data is secured by a fully encrypted storage environment and the front end is protected by network firewalls, application firewalls and load balancers. The source code also follows best practices and undergoes penetration testing on a yearly basis. The web servers operate under 2048-bit certificates and can scale up or down as needed. GEOtrack supports Active Directory, SAML and MFA integration. GEOtrack integrates with a variety of systems such as Inmate Phones, Commissary, Electronic Medical Records and others. It supports integrations through technologies like Secure FTP, Web API's, HL7 and others. GEOtrack's built in reporting engine supports both Crystal Reports and SQL Server reporting server. Each location can take advantage of the pre-built generic reports and/or create facility specific reports.

Contract Compliance Quality Control Program: GEO recognizes the vital role of quality control in every aspect of its operations with a primary focus of providing safe, secure and humane care and custody of detainees. Our compliance and quality activities will verify operations are in compliance with 2011 Performance-Based National Detention Standards, court orders, American Correctional Association (ACA) standards, National Commission of Correctional Health Care (NCCHC) standards, and specific client and Corporate policies. An important aspect of our program is a dedicated staff of one Director and two Managers who develop and continuously update and improve audit tools to be current with operational issues, GEO policies, and ICE policy and QASP changes. GEO policy dictates that all major functional areas of each Center will be audited on a regular basis by the Contract Compliance Department and by Center staff. This systematic monitoring, known as the Quality Control Program (QCP), consists of at least two reviews a year: 1) the Annual Corporate Audit led by a team of auditors chaired by Contract Compliance; and 2) the Center Audit led by the Center internal team of auditors working on a monthly basis spread throughout the calendar year.

Workplace Violence Prevention Program (WVPP): GEO promotes a safe environment for its employees, including minimizing or eliminating the hazard of violence, harassment, intimidation and other injurious behavior directed toward employees in its workplaces.

GEO has developed this WVPP with the following elements: 1) worksite analyses; 2) written policies; 3) training; and, 4) administrative and engineering controls; to reduce or eliminate the hazards to worker health and safety in applicable secure services facilities and adult ICE Processing Centers. Management commitment and worker involvement are complementary and essential elements of an effective workplace violence prevention program. To ensure an effective program, GEO has created a WVPP Committee at designated secure services facilities and adult Processing Centers.

Prison Rape Elimination Act (PREA) Program: GEO'S PREA Program has monitoring systems and policies for developing, implementing and overseeing compliance with the ICE PBNDS on Sexual Abuse and Assault Prevention and Intervention (SAAPI), and National DOJ/DHS PREA Standards in the Secure Services, Reentry and Youth Services Facilities that we own or operate. Our program has a dedicated PREA Coordinator, Director of Contract Compliance reporting through the Corporate Contract Compliance department. The PREA Coordinator is responsible for PREA implementation and SAAPI monitoring, and she provides guidance and resources in all matters related to PREA training, reporting, allegations, and investigations. GEO also employs three PREA Managers of Contract Compliance at the corporate level with extensive investigative experience who operate as a resource to all facilities and are charged with reviewing and assisting in PREA incident investigations. We also have a PREA Compliance Specialist dedicated to collecting and analyzing PREA statistical data and preparing required reports. In addition to the Corporate PREA team, a Prevention of Sexual Abuse (PSA) Compliance Manager will be designated at the Center to ensure SAAPI Compliance at the Center level and will work closely with the corporate team.

Training Program and Learning Management System (LMS): GEO's training program and LMS are directed and managed by our Corporate Director of Training and Development, supported by the Western Region Training Manager, and implemented by the Training Administrator at the Center. All supervisory staff and Center management receive training under approved training programs developed in partnership with ICE from our existing Processing Centers. Center-specific policies, procedures, guidelines, post orders and contingency plans are based on these currently approved curriculums.

Management Risk Areas

GEO has identified management risk areas and our recommended approaches to minimize the probability and impact of those risks are outlined below.

Risk	Potential Impact	Mitigation Action
Inadequate recruitment	High	Active recruitment activities using mainstream electronic media, as well as, social media
In adequate employee compensation	High	Application of most recent DOL Wage Determination
Timely completion of background clearances	High	Establish schedule for submission of background clearances for new job applicants to ensure sufficient time for ICE background clearance
After Initiation approval is received the candidates have 10 days to go online and complete their EQIP application for background clearance	High	Establish a schedule for all candidates that have received initiation approval to come onsite and complete the EQIP. HR will maintain the documents that are printed
Receiving timely response from ICE regarding facility reconfiguration	High	Scheduling periodic meetings to facilitate progressive approvals of ICE area reconfiguration
Receiving all ICE requested fixtures, furniture and equipment (FF&E) on a timely basis	High	Confirming proper ordering and receipt of all requested ICE FF&E

A full description of our Management Plan is outlined in GEO's Performance Work Statement. Please refer to Section I.1.B of this volume for more detail on our approach to managing and operating the Centers proposed under this Requirement.

I.2 - Quality Control Plan

I. Demonstrated Technical/Management Capabilities
2. Quality Control Plan

The GEO Group, Inc. has extensive experience partnering with ICE. GEO will manage and monitor facility operations and will develop and execute a comprehensive Quality Control Program (QCP) designed to achieve and maintain compliance with ICE's Quality Assurance Surveillance Plan (QASP).

GEO recognizes the vital role of quality control in every aspect of its operations. The primary focus of each GEO-managed ICE Contract Detention Facility (ICE CDF) will be to provide safe, secure and humane care and custody of detainees. As a means to maintain this goal, GEO will develop a comprehensive Quality Control Program (QCP), that will be reviewed and approved by U.S. Immigration and Customs Enforcement (ICE). The program will ensure operations are in compliance with 2011 Performance-Based National Detention Standards with 2016 revisions (PBNDS), court orders, American Correctional Association (ACA) standards, National Commission on Correctional Health Care (NCCHC) standards, and specific client and corporate policies.

GEO's contract compliance and quality control program is embedded throughout the entire operation with corporate, regional, and support staff having roles in oversight and reviews. GEO conducts audits to verify PBNDS requirements and other contract criteria are consistently being met, and to identify opportunities to exceed requirements in a manner beneficial to ICE.

GEO has dedicated considerable resources to the development of an independent Contract Compliance Department to monitor and validate operations at each of our facilities to meet the needs of the client.

GEO has an independent Corporate Contract Compliance Department that provides the overall direction and oversight of compliance for the entire company's operations. Within the Contract Compliance Department is a team specifically dedicated to providing oversight to each of the GEO Secure Services operations. This team works daily with Regional staff and Center-level compliance professionals to monitor and validate that the compliance requirements and demands of regulatory, accreditation, and client organizations are met. This staff is committed to implementing the QCP, conducting reviews during the year, providing staff guidance on policy, standards, and compliance issues, and with overseeing monthly internal quality control reviews at the Centers.

The following information regarding Contract Compliance Department staffing and auditing methodology and frequency is proposed for initiation January 2020.

The Contract Compliance Department is headed by an Executive Vice President who reports directly to The GEO Group, Inc.'s Chairman and Chief Executive Officer. The Department is made up of 46 corporate professionals.

Of those 46 corporate members, 5 directors and 17 managers of Contract Compliance are dedicated to the Secure Services facilities. Additional Directors in the department head the ACA Accreditation process and the Prison Rape Elimination Act (PREA) initiative for all applicable facilities. A dedicated staff of one Director and two Managers develop and continuously update and improve audit tools to be current with operational issues, GEO policies, and ICE policy, and QASP changes.

Inspections

GEO policy dictates that all major functional areas of each Center will be audited on a regular basis by the Contract Compliance Department and by Center staff. This systematic monitoring, known as the Quality Control Program or the QCP, consists of at least one full-scope review a year. This full scope review, the "Annual Corporate Audit," is conducted by a team of auditors chaired by Contract Compliance. A second-tier review, the GEO "Facility Internal Audits," are conducted by Center subject matter experts using pre-identified audit tools. Center staff serve as auditors and the process is spread throughout the calendar year on a monthly basis as explained below under *Methodology*.

GEO's QCP requires:

- ***Two full reviews each year***
- ***Intensive self-monitoring***
- ***Thorough follow-up examinations***
- ***Oversight of corrective action plans***

The Corporate team returns to each ICE Processing Center within three months after the GEO Annual Corporate Audit to conduct a Follow-up Audit on any non-compliant findings identified in the Annual Corporate Audit. The purpose is to verify implementation of corrective action plans and sustained compliance. Approximately three months after the Follow-up Audit, the Corporate team will return to conduct an Ad Hoc Audit with an Ad Hoc Follow-up Audit approximately three later.

Audit Tools: This QCP is composed of continual monitoring utilizing a comprehensive self-monitoring plan developed by the Corporate Contract Compliance Department. These GEO audits contain audit questions developed from ICE PBNDS requirements, ICE's Quality Assurance Surveillance Plan (QASP), ACA standards, PREA requirements and GEO policy. The medical questions are compliant with NCCHC standards as well.

The audit tools are reviewed and revised annually to fully cover the scope and spirit of ICE's requirements and to ensure that all PBNDS requirements will be inspected twice

annually. The annual tool review involves input opportunities from each Center and regional staff as well as consultations with policy owners at Corporate for updates and improvements.

The areas of review for both the GEO Annual Corporate Audit and each Center's Internal Audits include:

- Administration and Management
- Detainee Activities
- Detainee Legal Resources
- PREA
- Fiscal Management
- Medical
- Center Security and Control
- Safety Standards
- Detainee Care
- Human Resources
- Training
- Programs

An additional review is conducted by Contract Compliance staff and Center auditors of all client concerns received through client audits and correspondence.

The following table summarizes the roles and responsibilities of GEO personnel involved in our compliance program for each Center.

Audit Function: GEO Corporate Staff	
✓ *Corporate Directors and Managers, Contract Compliance*	• Supervise and support audits. • Lead and conduct Annual Corporate Audit, Follow-up Audits, and Ad Hoc Reviews. • Review and approve corrective action plans and Center self-audits.
Audit Function: California ICE Processing Centers	
✓ *Facility Administrator* ✓ *Quality Assurance Manager*	• Plan, organize, and implement Center internal audits and inspections. • Facilitate audits of all functional areas listed in the QCP document checklist. • Recommend action items to GEO Corporate Staff. • Coordinate efforts with Regional Directors of Operations and Corporate Compliance Staff.

Client Concerns: GEO has developed a tracking system for all issues raised by ICE, whether from audits, letters or on-site monitoring. The issues and GEO's responsive corrective action are audited during the Annual, Follow-up Audits, Ad Hoc Audits, and Ad Hoc Follow-up Audits to verify continuing compliance.

GEO is familiar with and understands ICE's requirement to monitor each Center on an ongoing basis. Understanding that this monitoring will include both announced and unannounced site visits, GEO will ensure ICE has unimpeded access to each Center. All records, including maintenance, employee, and detainee records with an exception for a few proprietary documents, will be available for review.

All audits reports from ICE will be received by each Facility Administrator and forwarded to GEO's Western Region Vice President and GEO's Executive Vice President of Contract Compliance. Center staff will work with the Corporate and Regional staff to investigate any findings of non-compliance and respond with a written statement of corrective actions either taken or planned. For those actions that require a longer time to implement, a schedule of action with a timetable for completion will be included.

Methodology

The overriding purpose of the QCP is to regularly self-assess contract performance in relation to all contract requirements, identify deficiencies throughout the entire scope of the contract, and implement corrective action as soon as any deficiency is identified.

To accomplish this purpose, a system of audits will be implemented consisting of:

1. An Annual Corporate Audit
    a. Post Audit Workshop
    b. Follow-Up Audits and Ad Hoc Audits to verify corrective actions have been implemented
2. Center Level Audits
3. Audit Reports and Corrective Action Plans

1. Annual Corporate Audit

The Annual Corporate Audit will be a full-scope review led by Contract Compliance staff assisted by GEO Subject Matter Experts. The audit utilizes the full spectrum of audit tools, as described above under *Inspections*, to validate all contract and other federal, state, and local requirements. These tools include ICE's QASP. Neither Center staff nor

GEO will continuously monitor operations at each Facility to verify compliance with all contract requirements, client standards, and Federal, State, and local requirements.

any operational staff with oversight of each Center will be permitted to participate as auditors in this audit to ensure complete independence.

The Chair of the Annual Corporate Audit Team, working with the Director of Contract Compliance, will be responsible for:

- Conducting the audit in an objective, efficient, effective and professional manner
- Thoroughly and fairly reviewing all audit findings and arbitrating finding disputes
- Providing each Facility Administrator and staff with a thorough out-briefing at the conclusion of the audit
- Conducting a Post Audit Workshop to review audit findings and requirements, and to discuss the development of viable Corrective Action Plans (CAPs)
- Preparing and issuing an Executive Summary Report
- Providing oversight to address all findings identified during the audit with a CAP in accordance with established timelines

The Corporate Contract Compliance Directors and Managers will be responsible for verification of the success of the CAPs through discussions, review of entries in GEO's contract compliance database, remote document review, and the in-person Follow-Up Audit conducted within three months.

a. Post Audit Workshop

At the close of the Annual Corporate Audit, GEO's Corporate Contract Compliance audit teams will conduct a Post Audit Workshop to meet with Department Heads and related staff on any identified issues. In multiple, consecutive meetings, the auditors, Facility Administrator, other relevant Center leadership, and other beneficial staff will review the findings, supporting working papers, and applicable policies/procedures to discuss effective CAPs with designated responsible parties.

The benefits of the Post Audit Workshop are:

- To continue the focus on the findings immediately after the close and create agreed upon solutions that can be implemented immediately without a gap of waiting for the final report.
- The Quality Assurance Manager (Compliance Administrator (CA)) has the support of Center leadership to focus the department heads on the creation of good CAPs.
- There is ownership of the requirements on every level to correct the finding and discussion of tough issues such as changes in staffing or resources while all are present.

- Each Center receives the benefit of the auditors' expertise in explaining the expectations of the policies/standards and sharing other Centers' solutions.
- With department staff present during the Workshop (if the issue involves staff work), the information from the auditors is communicated directly without department head interpretation.
- Each Facility Administrator and Compliance Administrator can move directly ahead to implement CAPs with great likelihood of successful compliance.

b. Follow-Up Audits and Ad Hoc Audits

Within three months of the Annual Corporate Audit, a Follow-Up Audit will be conducted by Contract Compliance to verify the annual audit findings have been corrected.

Ad Hoc Audits will be conducted to target specific areas of concern or interest raised outside the formal audit process. Ad Hoc Audits will be scheduled to address any concerns identified in Annual Corporate Audits, Client Audits, and/or Center audits, to address the start-up issues of a new operation, or deficiencies originating from audit activity or client observation. The content and method of the Ad Hoc Audits will be reflective of the specific need.

The audit tools used in these reviews will be evaluated and revised on an annual basis by the Contract Compliance Department, in conjunction with recommendations from Contract Compliance staff, regional offices, and facilities.

2. Center Level Audits

The second tier review will be conducted throughout the calendar year by compliance staff at each Center beginning in January of each year and continuing monthly, until all pre-identified sections have been completed by December. Monthly, staff will also concentrate on follow-up monitoring and verification of all pending corrective actions. The Compliance Administrator (CA) at each Center directs, coordinates, and uses Center staff as auditors. These auditors will have received training from the CA on the auditing practices and philosophy. ICE will be notified 48 hours in advance of each Center's audits to ensure the COR has the opportunity to attend.

The tools for each month are tools used by Corporate Contract Compliance staff during the Annual Corporate Audit. Contract Compliance establishes the schedule on which functional areas are audited each month.

Each Facility Administrator is responsible for ensuring that the leadership and resources necessary for the total commitment to the QCP are provided to guarantee maximum benefit to each Facility and ICE.

All audit findings are entered into the Contract Compliance database by the end of the month. For follow-up, the CA works with Department Heads and staff to discuss findings and develop CAPs to address each issue identified in the preceding audit month. The CA is also able to devote time to check sustained compliance of prior findings, observe processing areas for general operational compliance and work with staff on compliance training and issues. The CAPs are entered into the database and reviewed by the Contract Compliance Director and Managers; the review includes assessment of effectiveness and completeness to address the specific finding and preventive actions to avoid repeated deficiencies. These findings and CAPs are also reviewed during the Annual Corporate Audits, Follow-up Audit, Ad Hoc Audit, and Ad Hoc Follow-up Audit conducted by the Contract Compliance staff to verify compliance.

3. Audit Reports and Corrective Action Plans

Audit findings are summarized into report form within two weeks of the Annual Corporate Audit to enable each Facility to develop an effective corrective action. plan.

An Executive Summary with Findings report is compiled and issued within two weeks of any Corporate Audit. This summarizes repeat non-compliant findings, delineates non-compliant findings of critical items and areas of concern, and lists all the findings for each Center to assist in seeing the total results of the audit. Each Center compliance team prepares and uploads required corrective actions into GEO's contract compliance database.

GEO's Corporate Directors and Managers of Contract Compliance review the plans for completeness and expected effectiveness and monitor movement to implement those plans. During the Follow-Up Audit, Ad Hoc Audit, and Ad Hoc Follow-up Audit those findings and plans are reviewed, assessed for success, and are either validated or revised for achieving compliance. Analyses of data from other GEO-operated ICE Processing Centers are compiled and reviewed on a regular basis and include studies of repeat and critical non-compliant findings in QCP audits, Client findings, and Advised Items with constant reviews of past audits. Results of audits and/or inspections will be submitted to the Contracting Officer at any time upon request. A file of all inspections, inspection results and any corrective action required will be maintained by GEO throughout the term of the contract.

Supervisory Plan

Persons Conducting Inspections:

Daniel Ragsdale, Executive Vice President, Contract Compliance

Mr. Ragsdale has authority for leading the Contract Compliance Department and implementing GEO's QCP. He reports directly to the CEO of the company and works in conjunction with corporate and regional operations and Center personnel. He joined GEO in 2017 with more than 20 years of legal and law enforcement experience.

Janet Hardwick, Vice President, Contract Compliance,
Ms. Hardwick has authority over all Contract Compliance Department functions and coordinates, oversees, monitors, and assesses audit results, corrective action plans, and responses to client audits. She is charged with the responsibility of overseeing contractual compliance and CAPs for successful performance. She has over 40 years of corrections experience with 8 years as Director, Contract Compliance, Eastern Region for 18 facilities and previous work with Indiana DOC in corrections, youth, and proposal development.

Heather West, Director, Contract Compliance, Western Region
Ms. West has direct responsibility for organization and conduct of audits in the Western Region, responses and Corrective Action Plans. Ms. West served as Director, Contract Compliance in GEO's Western Region; as Manager, Contract Compliance, Eastern Region; and as Compliance Administrator at the ICE Northwest Processing Center in Tacoma, WA for GEO. Ms. West leads a team of three additional staff with multiple years of corrections and auditing experience.

Dr. Jose Acebal, Director Contract Compliance, Health Care
Dr. Acebal has the responsibility for monitoring and assessing all correctional health care across the U.S. in over 38 facilities, including eight ICE Processing Centers, first as Manager for three years and as Director for 1 year. Dr. Acebal holds a Doctor of Medicine, is fluent in Spanish, and has been employed as Health Services Administrator and other medical positions with BOP for 26 years. Dr. Acebal directs a team of another M.D., a Registered Nurse and a Licensed Vocational Nurse, all of whom are bilingual in Spanish and possess years of experience delivering correctional health services and compliance.

Ryan Seuradge, GEO PREA Coordinator, Director of Contract Compliance
Mr. Seuradge has the responsibility for the implementation of PREA monitoring systems and policies as well as developing, implementing, and overseeing GEO's compliance with the National DOJ/DHS PREA standards. Mr. Seuradge was recently hired to serve as GEO's PREA Coordinator and he is charged with the responsibility to provide guidance and resources in all matters related to PREA training, reporting, compliance, allegations, and investigations.

Communications Plan

GEO welcomes all communications from ICE regarding the QCP at each Center and agrees to work closely with the CO and COR to identify the strategic issues vital to both quality assurance and quality control. GEO will incorporate these requirements into the QCP in order to align the initiatives with those of ICE's QASP and achieve full compliance.

GEO strives to provide the highest level of service to our clients and is dedicated to open communication designed to detect and correct non-conformance at the earliest levels.

For the purposes of consistency and reliability of communication, the following procedures are suggested:

- Each Facility Administrator and the quality assurance staff will work with on-site monitoring staff to establish a reliable and confidential relationship wherein day-to-day communications take place at the Center level with compliance reviews, discussions regarding the reviews, and corrective actions.

- The COR and the CO (as well as other ICE representatives) are invited to staff meetings regarding the management/operation of each Center. These meetings are critical for operations staff to maintain awareness and implement plans regarding improving areas, areas that need work, and areas that need direction.

GEO's QCP provides the statistical tracking needed to observe trends and to frequently revisit the contract requirements and client's expectations.

Emergency Food Service Plan

Written policy and procedure will provide for contingencies to ensure the delivery of meals to the detainee population during emergency situations (non-delivery of food, riots, natural disasters, equipment failure). Each Center will maintain a two-week supply of food and paper goods. During an impending emergency, i.e. serious inclement weather, the GEO will coordinate with ICE to see that each Center maintains a four-week supply of food and paper goods. Each Center will maintain an active list of local vendors that will deliver needed food and paper items within a 24-hour period, if needed.

Each Center will establish plans which outline the procedure to be followed in the event of a mass detainee hunger strike in accordance with ICE PBNDS. The plan will allow for each Center to operate following normal protocols to the maximum extent, and to return each Center to standard operations as soon as possible. Determining the true cause of the disturbance is of primary importance; many times there are other causative factors involved and a conclusion must not be drawn that because detainees are refusing to eat, the complaint is simply the quality or quantity of food.

Initial steps in the execution of the plan include determining:

- Is there violence involved?
- How many detainees are involved?
- What can be done to neutralize the problem?

Plan Execution
If it is discovered that a large number of detainees have organized to participate in food refusal, the detainees may be recalled to their assigned housing units. The situation will be evaluated and the behavior of the detainees will be considered to determine the need for additional security and control over the following areas:

- Food service
- Medical/health services
- General detainee assembly areas (recreation, library, etc.)
- Perimeter

Upon review of documentation confirming that a detainee has abstained from caloric food or liquid (not including medication) for 72 hours, the detainee will be referred to IHSC medical staff and examined for medical and mental health purposes, with careful and complete documentation made of all activities. Particular attention will be paid to the nutritional status of participating detainees.

Termination of the hunger strike will be documented upon ingestion of any food or liquid, excluding water or medication. A physician will determine the type, amount, and frequency of food or liquid to be given to detainees who have ended participation in a hunger strike. This supervision will continue for as long as the physician deems necessary. The dietary regiments used to terminate a voluntary hunger strike will be recorded in the detainee health record.

GEO will ensure that communication and coordination with ICE is maintained during these emergency situations. GEO's Emergency Food Preparation and Service Schedule will be submitted within 30 calendar days of contract award.

Emphasis on Compliance

GEO staff facilitates consistent communication at all levels of the organization to ensure contract performance remains more than satisfactory. GEO monitors facility performance and evaluates functional areas regularly.

GEO understands its responsibility for compliance with the requirements and performance standards of this contract and the RFP. Facility Administrators and staff are primarily responsible for maintaining compliance with all applicable standards. During operations at each Center, GEO will accept responsibility to confirm compliance, to recognize areas of non-compliance, to identify CAPs and to verify the implementation of improvements. The manner used to accomplish this is by using internal self-assessments and external compliance audits by specialized staff in particular areas of immigration processing and knowledgeable of the contract.

Corporate and regional staff will be in contact with each Facility Administrator to gather the information necessary to monitor performance. GEO corporate and regional

personnel representing finance, health services, programs, food service, and general operations areas will take numerous trips to each Center in an effort to maintain an efficient QCP.

Operational Standards & Accreditation
GEO subscribes to operational standards promulgated by several different certifying organizations and opens its Facilities and Processing Centers to inspection and accreditation by these associations, commissions and councils. As a matter of corporate policy, all GEO Facilities and Processing Centers are designed and operated in general accordance with the recommendations of one or more of the following organizations:

- American Correctional Association (ACA)
- National Commission on Correctional Health Care (NCCHC)
- The Joint Commission (TJC)
- Southern Association of Colleges and Schools (SACS)
- Correctional Education Association (CEA)
- The standards of the contracting agency
- PREA DHS and DOJ Standards

For each GEO-managed ICE Processing Center, the following standards, in addition to the contract and PBNDS, will apply:

- American Correctional Association (ACA)
- National Commission on Correctional Health Care (NCCHC)
- PREA DHS Standards and regulations

American Correctional Association (ACA) Accreditation
GEO's Corporate Contract Compliance Department will work with each Center to obtain ACA accreditation. Accreditation is obtained through training, oversight, and conducting mock ACA Audits 2-3 months prior to the accreditation audit. GEO employs a Contract Compliance Director and Manager at the Corporate level who is responsible for working with GEO Facilities and Processing Centers in preparation for the ACA accreditation process. GEO has moved to automating the accreditation documents and audit process with success and compliments from ACA auditors.

Performance-Based National Detention Standards (PBNDS)
GEO has incorporated the requirements of the PBNDS into the QCP of each Processing Center it operates under direct contract with ICE. The lessons learned and best practices developed at these Centers will be applied to each Center. The audit tools used to monitor ICE Processing Centers include the full QASP as used by the agency.

In addition, any optimal standards appropriate to individual contracts are added to the auditing questions for that Center. This allows for on-going monitoring of those requirements. In addition, any client-identified deficiencies are tracked and monitored until sustained compliance is established.

Safety of the Processing Center

All aspects of safety are reviewed during the Annual and Follow-up audits with audit tools on chemical storage, maintenance and preventive maintenance, workplace violence, workers compensation reporting and human resources. GEO's Risk Management department has developed a Workplace Violence Prevention Program with all Secure Services Facilities and Processing Centers participating. Each Center creates and maintains a program with a Workplace Violence Committee with broad participation of various departments. The safety and security of staff and detainees is of great importance to GEO.

Risk Management

To ensure continuous and seamless operations, GEO assesses all risk and mitigation factors prior to the delivery of operations and throughout the duration of each contract. GEO maintains a comprehensive insurance program to both comply with all contractual requirements, as well as strategically protect the company, its employees, contractors, clients, and third parties. To prevent issues of occurrences throughout each contract, GEO adheres to the standards, whether required by the client or not, of the American Correctional Association, maintains safe and effective staffing ratios, and enforces stringent training requirements that comply with our high, professional standards.

Sexual Abuse/Assault Prevention Intervention Compliance (SAAPI/PREA)

GEO has a dedicated PREA Coordinator, Director of Contract Compliance, reporting through the Corporate Contract Compliance Department. The Corporate PREA Coordinator is responsible for implementation of SAAPI monitoring systems and policies as well as developing, implementing and overseeing GEO's compliance with the National DHS PREA Standards in all its required Immigration Processing Centers. In addition, the Corporate PREA Coordinator will provide guidance and resources in all matters related to SAAPI training, reporting, allegations, and investigations.

GEO also employs three PREA Managers of Contract Compliance at the Corporate level with extensive investigative experience who are charged with reviewing and assisting in investigations of SAAPI incidents as well as operating as a resource to all Facilities and Processing Centers. An additional Corporate staff member, the PREA Compliance Specialist, is dedicated to collecting and analyzing PREA statistical data and preparing required reports. In addition to the Corporate PREA team, a Prevention of Sexual Abuse (PSA) Compliance Manager will be designated at each Center to ensure SAAPI Compliance at each Center level and will work closely with the corporate team.

This team, as part of the Corporate Contract Compliance Department, will work with staff at each Center to implement the extensive training program for all employees, volunteers, and contractors with additional intensive training for investigators and specialized training for medical personnel. All detainees will receive SAAPI education at orientation as part of the intake/admissions process. Upon employment, all staff receives a 3 hour initial training course specifically covering DHS PREA guidelines, with 2 hours of annual in-service training thereafter.

In addition to training, the Corporate Contract Compliance team performs mock PREA audits to prepare for the certification audit. These mock audits include tours of each Center, reviews of investigation files, postings, and evaluation of detainee familiarity with PREA reporting and interviews with staff on their knowledge of SAAPI requirements.

Quality Control Measures for Subcontractors

The Contract Compliance Department audits work performed by its subcontractors, e.g., medical or food service, with the same schedule and audit tools that apply to work performed by GEO itself. GEO holds its subcontractors to the same level of performance and all applicable contractual requirements.

Innovative Quality Leadership

GEO's Contract Compliance Department is continuously working to provide the most current and effective monitoring, using performance improvement methods and approaches gleaned from comparable businesses, compliance and quality conferences and innovative work as developed within the department. The development of the Post Audit Workshop has led to much greater coordination of work between compliance and operations and provided expertise and resources to operations on corrective actions.

Training each year of all Secure Services Compliance Administrators is provided via specialized workshops and presentations to enhance the professional development of those at each Center level in charge of the QCP.

Development of an automated electronic system for ACA Accreditation audits has allowed improved efficiency for GEO staff in review of document preparation and for ACA Auditors on site to perform audits. This system was developed through the collaborative efforts of several GEO staff, desirous of improving and maximizing time usage with the result being a better vehicle for handling the large amounts of paper documentation. The entirety of ACA documentation is presented on laptops for the auditors.

GEO's most recent ACA Audits at our Facilities and Processing Centers show a level of excellence and commitment that will be carried to each GEO-managed ICE Processing Center. The average rating is 99.65%.

The following is a list of recent ICE Center audits:

Adelanto ICE Processing Center	99.6%
Aurora ICE Processing Center	100%
Broward Transition Center	100%
Brooks County Detention Center	99.6%
East Hidalgo Detention Center	98.6%
Folkston ICE Processing Center	100%
Joe Corley Processing Center	99.3%
LaSalle ICE Processing Center	99.6%
Mesa Verde ICE Processing Center	100%
Northwest ICE Processing Center	100%
Pine Prairie ICE Processing Center	100%
Rio Grande Processing Center	100%
South Texas ICE Processing Center	98.8%

Productivity Enhancement

In every performance improvement effort, GEO works to refine our provision of services to enhance the productivity of our staff and work. When deficiencies are identified, either through GEO's self-identification or the client's review, GEO's Contract Compliance Team and Operations work to analyze the issues, reveal the obstacles to compliance and provide the best, most efficient method of reaching the goal.

This often is accomplished through project management led by the Director of Project Management and the two Managers in the Contract Compliance Department devoted to this area. With 10 years in secure services and compliance, the Director is responsible for development and maintenance of the audit tools and database and all performance improvement projects. In maintaining a current auditing system, GEO is able to quickly respond to changes in the client's focus and requirements. All tools are reviewed thoroughly each year and are often modified during the year to always reflect current requirements. All ACA and PREA changes are quickly inserted into the tools to maximize each audit with the most relevant questions and review.

Cost Reduction Methods/Techniques

GEO prides itself in providing cost-efficient and effective services for all its clients. Each facility operated by GEO employs a Business Manager who reports directly to the Facility Administrator. The Business Manager is responsible for:

- Maintaining strict compliance with GEO's financial management policies and procedures within the facility.
- Compliance with all financial controls to ensure that they are designed and operating effectively.
- Producing all financial records required by GEO's fiscal management system.
- Safeguarding, tracking, and recording all client and GEO property and inventory.

In addition, each facility will develop a self-assessment program in accordance with GEO's corporate policy ensure that all fiscal management policies and procedures are in compliance and that the financial controls are designed and operating effectively.

GEO requires all facilities, regions and corporate departments, to the maximum extent possible, to standardize commodity items, fixtures, equipment and services to increase operational, economic and organizational efficiency. GEO is committed to the economic and other advantages of centralized purchasing including national and regional purchasing agreements. GEO, as a Government vendor, is committed to encouraging small, small disadvantaged, women owned, veteran owned and HUB zone vendors to the maximum extent possible consistent with acceptable vendor service and pricing. Specific small and disadvantaged purchasing plans will be implemented at the facility level as appropriate regarding this commitment.

Handling Potential Problem Areas and Solutions

In the identification of compliance issues in GEO facilities, the opportunity is always present to improve and enhance our delivery of services. There will be potential weak areas in any operations, and it is the goal of the Contract Compliance department to identify those areas before they become deficiencies and to quickly address the source of the problem and any potential consequences.

Creating solutions to the potential weakness is an opportunity to innovatively address more than the single item of deficiency and to create a stronger system by building on the foundation of a strong system. With the resources of the Contract Compliance staff, regional, corporate and Center compliance and operational experts, the services can be improved and elevated to exceed requirements and standards.

Customer Relations

GEO recognizes that open and frequent communications with clients fosters partnering relationships and ensures transparency in all aspects of operations. GEO ensures that Center-level communications between each Center Executive staff and the client representative is frequent and open. Toward that end, GEO coordinates quarterly client meetings and encourages participation in on-site Center meetings.

Quarterly Client Meetings: GEO sends a team of corporate professionals to visit the offices of our clients on a quarterly basis. These meetings are held to allow for transparent and open discussion of GEO's performance as related to the management contract in place at the specific Center.

Participation in Meetings: GEO welcomes all communications from its Government clients and works closely with the Contracting Officer and on-site Contract Monitor to identify the strategic issues vital to both quality assurance and quality control. Each Facility Administrator and the Quality Assurance Manager (Compliance Administrator) will work with on-site monitoring staff to establish a reliable and confidential relationship wherein day-to-day communications take place at each Center level with compliance reviews, discussions regarding the reviews, and corrective actions.

Meeting Urgent Requirements

All Client correspondence and requests for Corrective Actions are routed through the Contract Compliance Department for final review and assessment. In concert with the Centers, any request for urgent responses and corrections are quickly evaluated to provide meaningful and effective responses for the client. In the event of any urgent situation, each Center, the regional office, corporate and Contract Compliance will provide a joint response, based on compliance with the national standards and the PBNDS.

In accordance with Section M.4.1.2, GEO is providing sample Emergency and Communications-Radio Control plans from our Adelanto ICE Processing Center as attachments to this section. GEO currently uses these plans at the Adelanto ICE Processing Center under contract with ICE, and they will be used to develop site-specific plans for each Center proposed under this Requirement. Site-specific plans will be submitted for approval in accordance with the Deliverables Chart provided in Section E of the RFP.

See Policy 10.2.3: General Emergency Plan – attached
See Policy 10.2.34: Radio Control – attached

Each of the locations proposed under this requirement are licensed by the Federal Communications Commission (FCC) and have attained radio station authorization. Each license contains an FCC registration number, grant date, effective date, and expiration date. None of the proposed sites have an expired FCC license. The primary mode of communication between officers, supervisory staff and senior leadership staff is via radio transmission.

With regard to communication between contractor officers and all other personnel (ICE personnel, other contractor personnel) engaged with the detainee population, GEO's primary communication is conducted through emails, LAN lines, cellular phones and radios (currently radios are provided to ICE on-site top leadership personnel); however, if ICE has determined a need for more of its on-site personnel who engage with the detainee population to carry a radio during business hours, GEO will assign up to five radios/chargers to its personnel for on-site use. Each site maintains a roster of facility staff who have a company-issued phone. The name, title and cellular number is identified. At the request of ICE on-site personnel, the roster will be made available.

Acquisition of communication equipment is generally identified and procured at the inception of a new activation and/or arranged during startup activity. In coordination with the Regional Office, GEO Corporate has a division dedicated to identifying, ordering and delivering required communication equipment. Maintenance of communication equipment is ongoing and includes preventative maintenance, routine and non-routine service requirements and optional upgrades as determined necessary to maintain pace of technology enhancements. GEO's processes related to communication equipment are governed in written protocol.

GEO has a comprehensive training program that includes a training lesson plan on Radio and Telephone Communication. Affected staff receive this training. At the request of on-site ICE personnel, the training plan will be made available. GEO ensures all new security staff complete a 40-hour on-the-job training that includes the following topics: Emergency Procedures and Notifications Process, Proper Radio and Telephone Communications, Operations of Security Panels, and Professional Telephone Etiquette. These topics are reviewed in three sections of the 40-hour block of OJT: Housing Unit Control Rooms; Restrictive Housing/Special Management Unit Control Centers; and Master Control Centers.

GEO's longstanding partnership with ICE has fostered a partnering approach grounded in transparency and frequent communication. Our expectation is to include ICE on important events affecting operations and for GEO staff to make routine contact with ICE field office personnel. We further value the on-site ICE leadership and recognize their role in our engagement with ICE Field Office personnel. While most of our communications with the ICE Field Office are coordinated with the local ICE leadership, GEO will enhance its effort to communicate with the respective ICE Field Office via email, LAN line, telephone, cellular phone, and verbally. Our goal is to maintain a positive working relationship with open lines of communication.

Sample Emergency Plan

GEO Corrections & Detention Adelanto ICE Processing Center	**POLICY and PROCEDURE MANUAL** **CHAPTER: Security** **TITLE: General Emergency Plan** **RELATED ACA STANDARDS: 4-ALDF-1C-01 – 02, 1C-05 – 06, 1C-12, 1C-15**	**NUMBER:** **10.2.3** **SUPERSEDES** **2/20/18**

I. PURPOSE

To provide guidelines for developing and updating the emergency plans that provide contingency information in situations such as riots, escapes, hostage incidents, bomb threats, and adverse job actions.

II. POLICY

To maintain a complete set of contingency plans that will enable staff to respond effectively to facility emergencies, to train staff in those plans, and to effectively coordinate them with local law enforcement, emergency service agencies and Immigration and Customs Enforcement (ICE). Emergency plans are critical to the safe and secure operation of the facility. Emergency plans are confidential and kept away from detainees. [4-ALDF-1C-01, 1C-05]

III. PROCEDURES

This policy will outline the general content of all emergency plans. Succeeding, attachments for each of the most common types of emergencies will outline the critical elements to be included in the emergency plan on that topic.

A. Preventive Action

1. Climate Monitoring

Staff will watch for signs of mounting tension among the detainee populations. Signs of trouble include the following: a spike in the number of detainee requests, incident reports, etc.; sullen, restless, and short-tempered detainees avoiding contact with staff (including eye contact). Staff will receive annual training on identifying signs of detainee unrest.

Staff alertness to changes in facility "climate," promptly reported, can be of critical importance in defusing a potentially explosive situation.

Factors known to exacerbate tensions culminating in group disturbances include, but are not limited to:

a. Racism;
b. Heightened complaints about food;
c. Dissatisfaction with the performance or attitude of the post officer;
d. Increasing complaints about recreation, medical care, visiting, mail, etc.;
e. Gang activity;
f. PREA Issues
g. Inaccurate or incomplete information about detainee cases or facility policies.

These are predictable and controllable. Alert staff can prevent these issues from festering until they erupt.

2. Staff Actions

Staff members will improve their chances of deflecting detainee unrest by:

a. Discussing plans, programs, and procedures among themselves, and communicating as much as possible to detainees;
b. Treating detainees fairly and impartially;

c. Reducing misunderstandings among detainees, for example, by enforcing and explaining rules that
prevent any individual or group from imposing its will on other detainees;
d. Resolving misunderstandings/conflicts as they arise;
e. Encouraging participation in work and recreational programs;
f. Routinely reporting on facility climate and detainees attitudes to the administration, who will follow-up as necessary; and
g. Alerting supervisors at the first sign(s) of trouble, gang activity, group hostilities, etc.
h. Tours of populated detainee areas. i.e: housing units, recreation, kitchen, etc.
i. Ensuring detainees are protected from:

- Personal abuse
- Corporal punishment
- Personal injury
- Disease
- Property damage
- Harassment from other detainees

Quick decisive staff actions can prevent the start or spread of a disturbance.

3. Pre-Incident Considerations

When all attempts to defuse a volatile situation have failed, the Facility Administrator will determine how to proceed, based on considerations of safety (detainees, personnel, general public); property protection; and, if applicable, the safety and welfare of hostages.

The Food Service Manager shall be updated on such issues as the number of people who will be on duty and require meals during emergency situations. The Food Services Manager will maintain at least three days of emergency meals for staff and detainees. The Food Services Manager shall make contingency plans for providing meals to

detainees and staff during an emergency, including access to community resources, which the Food Services Manager shall negotiate during the planning phase.

4. Medical

The Medical department will afford treatment to detainees and staff during and after an emergency incident.

Within 24 hours after the release of hostages, all hostages are screened for medical and psychological effects.

During emergency situations, detainees with special needs will be identified by medical and security staff and will be afforded the appropriate care and treatment according to their needs.

5. Translator Services

Adelanto ICE Processing Center- uses Language Line Services as the company to assist when there is a need to communicate with those who have limited or no ability to communicate in English. Dial 866-874-3972 and supply the facility access code 798197. In an emergency situation the translator can provide services without an access code upon proper identification.

6. Routes to Gain Access to the Facility

It is imperative that staff and emergency vehicles utilize alternate routes to the facility when the primary route is impassable.

Primary Route: Turn west from highway 395 onto Rancho Road and drive west approximately 1.9 miles. The Adelanto ICE Processing Center East will be before the Fire Station. The Adelanto ICE Processing Center West will be after the Fire Station - on the right side of the road.

South Entry Route:

- Turn from highway 18/Palmdale Road onto Bellflower Street and head north to Rancho Road. Drive approximately 3.7 miles to Rancho Road.
- Turn left from Bellflower Street onto Rancho Road and drive west approximately 1.1 mile. The Adelanto ICE Processing Center East will be before the Fire Station. The Adelanto ICE Processing Center West will be after the Fire Station - on the right side of the road.

Northeast Entry Route:

- Turn from Highway 395 onto Chamberlaine Way and head west to Koala Road. Drive approximately 2.1 miles to Koala Road.
- Turn left off Chamberlaine Way onto Koala Road and drive south approximately 2.1 miles to Rancho Road.
- Turn left from Koala Road onto Rancho Road and drive east approximately .9 tenths of a mile. The Adelanto ICE Processing Center East will be after the Fire Station. The Adelanto ICE Processing Center West will be before the Fire Station - on the left side of the road.

Alternate Northeast Entry Route:

- From Air Base Road, continue west to Raccon Ave. Turn South onto Raccon Ave. Drive 1 mile to Rancho Road. Turn East onto Rancho Road and drive 0.4 tenths of a mile. The Adelanto ICE Processing Center East will be after the Fire Station. The Adelanto ICE Processing Center West will be before the Fire Station - on the left side of the road.

B. Contingency Plan Development

1. Basic Planning

The Facility Administrator will charge the AFA-Security with the responsibility of creating realistic site-specific contingency plans to deal with emergency situations that may be encountered within the facility or its general area.

The AFA-Security is responsible for developing each contingency plan and he/she will tap the expertise of all department heads during the plan development process. Among other things, this inclusive process will ensure all departments have ownership of the plan.

2. Keeping Plans Current: Reviews, Revisions

a. Emergency plans will be reviewed at least annually, and updated, as needed. The Compliance Coordinator will plan and schedule the annual reviews. [4-ALDF-1C-05]
b. Department Heads will participate in the facility's annual review of contingency plans.
c. The Compliance Coordinator will update the plans as often as necessary to keep them current, forwarding all such revision(s) for the Facility Administrator's approval. If the Facility Administrator requests changes, the Compliance Coordinator will incorporate the changes and resubmit the contingency plan(s) within 30 days. If the annual review results in no changes, the Compliance Coordinator will record this in the master file(s).

Staff will not discuss any aspect of a plan anywhere within earshot of a detainee or visitor.

Copies of the Emergency plans will be kept in a separate binder and copies will be available to all key facility personnel. Access to the emergency plans can also be obtained through the computer server for individuals with approved access.

In the event utilities such as gas, water or electrical need to be shut off due to an emergency situation a separate binder identified as "utility shut-off manual" can be found in the Master Control Center and the Maintenance department. These binders contain photographs of utility locations and equipment as well as written instructions on proper procedures for disabling the utilities. It is suggested that emergency drills include simulating utility disabling to ensure staff become familiar with these locations.

The Compliance Administrator has determined that copies of the emergency plans will be stored in the following locations: (binder #1-W) Master Control Center West, (binder #1-E) Master Control Center East, (binder #2) Command Center East, (binder #3) The Facility Administrator's Office, (binder #4) Assistant Facility Administrator of Security's Office, (binder #5) Deputy Administrator's Office and (binder #6) Assistant Facility Administrator of Operation's Office. The Compliance Coordinator will implement a checkout system accounting for all plans at all times and equipped with safeguards against detainee access.

Radio battery charging units will be maintained in the Master Control Center and individual chargers are located throughout the facility and accessible by only staff members.

C. Contingency Plan Implementation: General Requirements

1. Chain of Command

An Emergency Chain of Command structure will be created to include the following assignments:

- *Emergency Commander* – This individual will have the responsibility to coordinate the overall response to the emergency situation and make the major decisions.
- *Assistant Emergency Commander* – This individual will be responsible for meeting and deploying incoming staff and mutual aid agencies.
- *Scene Commander* – This individual will be located as close to the scene as possible to supervise the response and provide timely information to the Emergency Commander.
- *Information Officer* – During a high profile emergency response various agencies

will be contacting the facility for information (especially news media agencies). The Facility Administrator is the only member of the management team who will provide pre-approved information to these agencies.

The Facility Administrator or designee will act as the Emergency Commander during major events (if they are available).

During the initial response to an emergency situation the Emergency Commander will be the Shift Supervisor or senior staff member on-scene. This individual will be responsible for initiating the emergency action plan.

After hour access to the command center will be accomplished by utilizing the emergency keys stored in the black box located outside the facility main entrance. The on duty Shift Supervisor will remove the key by utilizing the code to enter the black box. After getting the keys the Shift Supervisor will enter the administration building. A general incident report will be completed with regards to the removal of the keys. Upon the arrival of a more senior member of the management team, the Shift Supervisor will give a thorough briefing and relinquish logbook and the command of the incident.

As more senior members of the management team become available, they will move into the Emergency Commander role allowing the Shift Supervisor to concentrate on the management of the scene.
During emergency situations where the problem affects only an isolated portion of the facility, (i.e. housing unit, recreation yard, library, etc.) The Emergency Commander will designate someone to monitor and manage the portion of the facility that is functioning normally.

2. Command Post/Center

In the event of a qualifying incident, a Command Center shall be activated inside the GEO Administration Conference Room (*Located at Adelanto ICE Processing Center-East)*. This center shall be used as the primary coordinating command center for all emergency operations being conducted within the facility. The facility Command Center will, at a minimum, include the following:

a. Internal/external phone capabilities;
b. Radio equipment;
c. Computer with internet capabilities
d. Facility plot plan (including property maps, up-to-date blueprints of the building, local maps, and overhead photographs);
e. Videotapes of building interiors within the secure perimeter (showing doors, windows, closets, ceilings, floors, etc.);
f. Escape-post kits, including maps, directions, etc.;

g. At least one copy of the emergency plans;
h. Videotape player/television;
i. Voice-activated recorder;
j. Assault/breaching plans;
k. Kit containing general supplies that may be needed.
l. Seating and table space for multiple individuals;
m. Marker board*(s)*
n. Policy and Procedure Manual
o. Medical disaster box (including masks, gloves, shoe covers)

To control incoming and outgoing Command Center traffic, the Administrative Lieutenant may implement a pass system.

Command Center staffing will include, but is not limited to, the following:

a. Facility Administrator or Incident Commander;
b. AFA-Security;
c. Administrative Lieutenant;
d. Person to log activities in chronological order;
e. Person to handle communications; maintaining open lines of communication throughout the situation; and, if available,
f. Person to control traffic in and out of the Command Center.
g. Person in charge from agencies or departments with which we share Mutual Aid Agreements or Memoranda of Understanding.

To ensure alertness; Command Center staff must rotate shifts with personnel from the relief roster. Relief personnel will take over from the Command Center staff after each shift. They will also relieve staff for short breaks during each shift to avert the mistakes and misjudgments that fatigue or stress can cause.

The Facility Administrator will control the decision- making process, at the discretion of the ICE Regional or District Director.

The Administrative Lieutenant will activate the Command Center at the Facility Administrator's direction. The activated Command Center will immediately open the conference-call line to the ICE Regional and District Offices.

The facility's Command Center will remain activated 24 hours a day until the situation is resolved or the Facility Administrator determines it is no longer useful.

Ongoing emergency preparedness activities will include activating the command Center phone lines and other logistical support systems, both to test equipment and to familiarize staff with the Command Center and its equipment.

A *Secondary Emergency Command Center* has been identified within the training classroom *(Located at Adelanto ICE Processing Center-West).* This center shall be used as the secondary coordinating command center for all emergency operations being conducted within the facility. The secondary facility Command Center will, at a minimum, include the following in the surrounding offices in the training department:

a. Internal/external phone capabilities
b. Radio equipment;
c. Computer with internet capabilities

An *Emergency Staging Area* will be designated for in-coming staff and mutual aid agencies where they will receive a briefing prior to assignment and deployment.

A *Secondary Medical Triage* location will be selected in the event the Medical unit becomes inaccessible during an emergency, or the triage function needs to take place closer to the incident.

An *Off-site Public Information Location* will be designated for meeting the media to deliver press releases in the event a major occurrence takes place. The media will be notified of this location and encouraged to respond there rather than at the facility.

3. Emergency Recall List

The Master Control Officer will maintain the current home and/or cell-phone number of officers, administrative/support services staff, law enforcement agencies, language interpretation services and Security Response Team.

The Adelanto ICE Processing Center utilizes the Rapid Notify automatic telephone system to notify staff of any emergencies and give specific response instructions. Staff will also utilize the Rapid Notify automatic telephone system to notify resident in close proximity to the facility when an escape or other emergency that requires resident to be notified.

The Administrative Lieutenant will ensure the recall list is maintained as follows:

a. On file in the Master Control Center.
b. In a secure file;
c. Privacy Act-compliant;
d. For emergency recall or urgent business only; and
e. Updated quarterly.

The file containing the recall list will prominently feature the following notice: *This information must be safeguarded. Use is restricted to those needing the information in*

the performance of their official duties. Misuse will subject the user to criminal liability. This agency will view any misuse of this information as a serious violation of the employee code of conduct, which may result in disciplinary action, including removal.

The Master Control Officer will also maintain the latest local ICE personnel numbers.

In the event Language Interpretation Services are required, simply Dial 866-874-3972 and enter Client ID # 798197. You will then be asked to Press 1 for Spanish or Press 2 for all other languages (speak the desired language when prompted). The interpreter may verify your organization name, which is listed in the Language Interpretation Line as "Adelanto Detention Facility GEO.

4. Use of Video Equipment

See the Policy and Procedures on Use of Force.

Shift Supervisors will be trained to use video equipment, along with designated staff. Training will include technical issues, such as how to identify tapes, digital media storage and photographs by date and location. Staff selected to receive this training will receive refresher training on a quarterly basis.

5. Records and Logs

The Facility Administrator or designee will designate a Command Center staff member who will keep a chronological record of events during an emergency. This logbook will record, by date and time, all command-related decisions and discussions, including phone calls and radio transmissions.

Radio transmissions shall be documented by a voice-activated tape recorder whenever possible.

The Incident Command Center staff will maintain a reading file to update staff coming on duty.

6. Training

All employees will be sufficiently familiar with each plan to put it into operation promptly, through initial training at the time of hiring, refresher training not less than annually and specialty training for staff with critical roles. [4-ALDF-1C-01]

Drills will be conducted monthly by all shifts by the on-duty shift supervisor at least one per month. The Administrative Lieutenant will coordinate, supervise and maintain documentation of all drills within his office; in addition the documentation will be forwarded to the Compliance Coordinator who will complete the appropriate Compliance

Audit and archive for the Regional Audit review.

All staff will receive a copy of the Facility Hostage policy and procedure during orientation. Staff is trained to disregard instructions from hostages, regardless of rank during a hostage situation.

Once a year, the Adelanto ICE Processing Center will conduct a mock emergency exercise with agencies or departments with which we share mutual aid agreements and memoranda of understanding. The exercise will test specific emergency plans with local, state, and federal agencies.

D. Contingency Plans

The facility has compiled individual contingency specific plans, as needed, in the following order.

1. Fire
2. Work/Food Strike
3. Disturbance
4. Escape
5. Hostage (internal)
6. Internal Search
7. Bomb Threat
8. Adverse Weather
9. Civil Disturbance
10. Environmental Hazard
11. Detainee Transportation System Emergency
12. Evacuation 4-ALDF 1C-02
13. Nationwide Lockdown
14. Adverse Job Action (copies of this plan are only available to appropriate supervisory personnel) 4-ALDF 1C-06
15. Hunger Strike
16. Power Outage
17. Medical Emergency
18. Death Response
19. Correctional Emergency Response Team Activation (CERT)

E. Post Emergency Procedures

- Segregating detainees involved in the incident (if applicable)
- Collect all written reports
- Seize, document, and preserve evidence
- Accountability (especially for staff, detainees, and sensitive equipment)
- Damage assessment and repair
- Injury treatment and documentation

- Coordinating legal actions/prosecutions
- Debriefing of staff involved and follow-up for additional analysis and implications for changes in policy or procedures
- General review and critique of the emergency operations and management with a follow-up agenda including but not limited to monitoring the facility climate and revising the emergency plan

GEO Corrections & Detention Adelanto ICE Processing Center	POLICY AND PROCEDURE MANUAL General Emergency Plan	NUMBER: 10.2.3

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

Italic areas are the changes made to the current revision.

QUESTIONS/SUGGESTIONS REGARDING THIS POLICY SHALL BE ADDRESSED TO THE AFA-SECURITY.

THIS EMERGENCY PLAN IS EFFECTIVE AS OF: January 4, 2019

Facility Administrator

AFA-Security

Reviewed & Revised: September 2011
Reviewed & Revised: June 2012
Reviewed: July 2013
Reviewed & Revised: March 2014
Reviewed: January 2015
Reviewed: January 2016
Reviewed & Revised: September 7, 2016
Reviewed & Revised: January 26, 2017
Reviewed & Revised: December 7, 2017
Reviewed & Revised: February 20, 2018
Reviewed: January 2019

Sample Communications Plan

Adelanto ICE Processing Center	POLICY and PROCEDURE MANUAL CHAPTER: Security TITLE: Radio Control RELATED ACA STANDARDS:	NUMBER: 10.2.34 SUPERSEDES: 12/10/18

I. POLICY

To contribute to the full and effective security and safety of the Adelanto ICE Processing Center through strict adherence to a radio control system providing for secure storage, systematic issuance, regular inventory of radios, and the maintenance of radios.

II. PROCEDURES

A. Program Responsibility

1. The Assistant Facility Administrator of Security is responsible for the implementation and audit of the radio system i.e. storage, issuance, inventory and maintenance of radios.

2. Shift Supervisors are responsible for daily review of the operation of the system and the correction and/or reporting of problems.

3. Master Control Center staff has significant responsibility for the success of the radio control system operation. The Master Control Center Officer will:

   a. Issue radios upon receipt of a chit containing the employees name and place the chit on the hook whose number corresponds with the radio issued.
   b. Inventory the radio board at the beginning of each shift to determine that all radios are accounted for, or that chits are in place for radios.
   c. Ensure proper radio etiquette is maintained, reporting violations to the Shift Supervisor.
   d. The Shift Supervisor is responsible for addressing violations of improper radio etiquette to include disciplinary actions in accordance with progressive discipline.

4. All staff are responsible as follows:

   a. Read and understand this plan.
   b. Implement this plan and related training in radio control.
   c. Treat chits as keys, with care and security.
   d. Keep radios secured on person at all times.
   e. Report any problems experienced or observed with the radio control system to the Shift Supervisor at the time it is experienced or observed, i.e. inoperable radios, lost or misplaced radios, etc.
   f. Maintain proper radio etiquette. Lengthy transmissions should be avoided by utilizing a telephone. Foul language, casual conversation, horseplay and any

other unnecessary transmissions will not be tolerated and will be grounds for disciplinary actions.

g. Identifying themselves by name before all transmissions. The only exception will be the master control center.

Handheld radios will be utilized as a secondary means of communication. Primary communication will be telephones and intercoms.

5. Lost or misplaced radios

In the event of a lost or misplaced radio, the staff member discovering the problem will immediately report the incident and all known details to the on-duty Shift Supervisor. The Shift Supervisor will make every effort necessary to recover the radio including inventory, radio list inventory, and inventory of all radios checked out.

NOTE: A MISPLACED OR LOST RADIO WILL BE TREATED AS A SERIOUS SECURITY MATTER. ALL TRANSMISSIONS WILL BE CAREFULLY CONTROLLED UNTIL THE RADIO IS RECOVERED. THE FACILITY ADMINISTRATOR AND CHIEF OF SECURITY WILL BE NOTIFIED OF ALL MISSPLACED/MISSING RADIOS.

III. RADIO CONTROL SYSTEM

A. Radios are maintained in the Master Control Center.

B. The Master Control Center Officer will issue radios with a chit being placed on the radio board for inventory purposes and an entry will be made on the radio inventory sheet.

C. If an employee takes a radio home, that employee will be required to immediately return the radio to the facility.

IV. ASSIGNMENT AND/OR TRANSFER OF RADIOS

Radios may be assigned to a staff member in the following ways:

A. The staff member may exchange a personalized chit with the control officer for a radio, or

B. The oncoming staff member can take possession of a portable radio from the off-going staff member assigned to the same post. However, the oncoming staff member must furnish a personalized chit to the staff member relinquishing his/her radio. The off-going staff member must ensure the chit is given to the Master Control Center in order to update and maintain a current inventory of all radios.

C. Staff who are assigned personal radios (i.e. Warden, Deputy Warden, etc.) will be responsible for maintaining, use and securing of that radio.

V. INOPERABLE RADIOS

A. If a portable radio is determined to be inoperable, the staff member discovering it will immediately prepare a Work Order in which the deficiency will be noted, i.e. "Does not receive"; and attached to the radio in question. Notify the on duty Shift Supervisor, and place the defective radio in the Master Control Center to await repair.

B. Prior to the defective radio's removal from the Master Control Center for repair service, the Master Control Center Officer will thoroughly annotate in the control logbook, the time/date removed, radio number and serial number, location of defective radio and the identification of person removing the radio. The Assistant Warden of Security has identified the Maintenance Department/Tool Control as being responsible for follow up radio repair(s).

C. The Maintenance Department/Tool Control staff will place the "Repair" chit on the hook corresponding to the defective radio number. The control log will reflect the current disposition of the defective radio, i.e. "In Repair".

VI. MASTER RADIO INVENTORY

A. The Assistant Facility Administrator of Security will develop radio inventories detailing radios (to include serial numbers) maintained in the facility. The inventory will be reviewed, dated and signed by the Chief of Security.

B. The Facility Administrator must approve changes in the radio inventories.

VII. MAINTENANCE OF RADIOS

The Maintenance Department/Tool Control will be responsible for repairing damaged radios and replacing destroyed radios.

GEO Corrections & Detention Adelanto ICE Processing Center	**POLICY AND PROCEDURE MANUAL** **CHAPTER: Security** **TITLE: Radio Control**	**NUMBER: 10.2.34**

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

Italic areas are the changes made to the current revision.

QUESTIONS/SUGGESTIONS REGARDING THIS POLICY SHALL BE ADDRESSED TO THE ASSISTANT FACILITY ADMINISTRATOR OF SECURITY.

APPROVED: _____
Facility Administrator

EFFECTIVE: June 26, 2019

Reviewed & Revised: October 2011
Reviewed & Revised: June 2012
Reviewed: July 2013
Reviewed & Revised: November 2014
Reviewed: November 2015
Reviewed: October 2016
Reviewed & Revised: December 2017
Reviewed & Revised: December 2018
Reviewed & Revised: June 2019

I.3 - Transition Plan

I. Demonstrated Technical/Management Capabilities
3. Operations Transition Plan – Requirement C

With over 30 years of experience conducting startup and transitions of over 160 facilities with a combined capacity in excess of 100,000 beds, The GEO Group, Inc. (GEO) has the experience and capability to effectively transition to full operation under a new contract.

In accordance with the requirements of Solicitation Number 70CDCR20R00000002, GEO's Transition Plan includes, but is not limited to the following areas:

- An **Operations Transition Schedule** of tasks to be completed during the 6 to 8-month phased in Operations Transition Period, including the 60-day Ramp-up.
- **Effective Recruitment** of experienced key personnel and qualified processing and support staff
- A **Comprehensive & Compliant Training Plan** for employees
- Obtaining all appropriate **Licenses and Permits** prior to performance
- Securing required **Insurance** coverage prior to performance and in compliance with clause H.1.1, Contractor's Insurance
- Completing required **Background Investigation** in cooperation with ICE's OPR-PSU to ensure that all employees are cleared in accordance with PWS Requirements
- Ensuring sufficient inventory proposed **Security / Enforcement Equipment** is available in the unlikely event of a disturbance
- **Certification and Training Schedule** to enable personnel to assume operational responsibilities and PWS requirements at contract start
- Identification of **Phase-In Risk Areas** and recommendation of effective approaches to minimize the probability and impact of those risks
- A **Ramp-Down Plan** for transitioning services at the end of the contract

OPERATIONS TRANSITION SCHEDULE

Mesa Verde Operations Transition Period

The Mesa Verde is currently operating under an existing ICE contract, and will complete any applicable transition activities under the new contract, with minimal disruption to ongoing services.

Golden State and Central Valley Operations Transition Period

On September 20, 2019, the Central Valley and Golden State Facilities were incorporated into the Mesa Verde ICE Processing Center contract as annexes to that facility.

GEO has been informed by CDCR of their discontinuation of the Golden State Facility effective July 1, 2020, and therefore the facility is immediately available to ICE for operational transition as an ICE facility.

The Central Valley Facility is presently idle following the discontinued use by the CDCR in September 2019. Most of the facility staff are still employed through November 16, 2019. Accordingly, the Central Valley Facility is immediately available to ICE for operational transition.

Given the need to address interior reconfiguration of the Golden State and Central Valley facilities for ICE purposes, and other matters, GEO is proposing an operation transition period of approximately 6 to 8 months for each facility.

Following contract execution, both GEO and ICE would designate one or more individuals as Operations Transition Coordinators with the responsibility to address ICE requirements for office space, operations, courtrooms, healthcare area, FF&E, transportation, food service, maintenance, supplies, and storage areas. Presumably each of the following ICE divisions would need to conduct an onsite survey and provide a needs analysis to the Operations Transition Coordinators for review, resolution and implementation:

- ICE Enforcement and Removal Operations (ERO), including the Facilities Support Unit
- ICE Executive Office for Immigration Review (EOIR)
- ICE Immigration Health Services Corp (IHSC)
- ICE Office of Principal Legal Advisor (OPLA)

GEO Transition Team

Upon contract award, GEO will activate an Operations Transition Team that will be responsible for Requirement C comprised of the Mesa Verde ICE Processing Center and the Central Valley and Golden State Annexes. The Transition Team proposed by GEO includes specialists in contracts, finance, project management, security services, programs, human resources, training, and senior staff. This group will have the knowledge and experience needed to recruit, select, train and deploy staff in their roles as GEO employees.

Role/Position	Name
Operations Transition Coordinator	Paul Laird & Linda Sanders
Training Coordinator	Regenia Graves
Business Management Coordinator	Chuck Hill
Facilities Maintenance Coordinator	Kevin Shadduck
Health Care Coordinator	Dr. John Christakis
Human Resources Coordinator	Alex Londono
Food Service Coordinator	Todd Larson
Contract Administration Coordinator	Amber Martin
Contract Compliance Coordinator	Daniel Ragsdale
Design/Construction Coordinator	Philip Mosciski

Site Specific Transition Details – Central Valley

GEO requests a waiver of the 60-day transition period for the 700 beds proposed at the Central Valley Facility. Operation of the currently idle Central Valley Facility under the ICE contract will commence immediately upon contract award, beginning with the implementation of the Operations Transition Period. GEO estimates the full Operations Transition Period, as detailed, below, will take approximately 8 months and requests a waiver for this period of time. Detainee housing is expected to begin at the Central Valley Facility by mid-2020.

We request a waiver of the 60-day Transition Period by substituting the following:

The full Operations Transition Period includes two phases: 1) 6 Month Pre-Transition Mobilization and 2) 60-Day Transition. Revised pricing assumes an August 20, 2020 detainee intake.

<u>Pre-Transition Mobilization Phase (6 months):</u>

Immediately upon contract award by ICE, GEO will establish the Operations Transition Team. This team will be on-site, overseeing all operational activities during the full Operations Transition Period (OTP). During the Pre-Transition Mobilization Phase of the OTP, these activities will include:

- Conducting Post-award Kick-off teleconference, tentatively scheduled for December 21, 2019
- Beginning bi-weekly and/or monthly Progress Update Meetings with ICE
- Coordinating on-site surveys and needs analysis with representatives from ICE, EOIR, IHSC, and OPLA
- Implementing SORN approval process
- Implementing Virtual Attorney Visitation capability
- Finalizing facility reconfiguration plans following ICE on-site surveys
- Ordering/repositioning of FF&E and vehicles
- Conducting recruitment events (i.e. job fairs, employee interviews)
- Screening of employment applicants and federal background clearance checks
- Completing facility reconfiguration
- Updating standard operating procedures in accordance with federal contract
- Submitting facility policies and procedures for final approval
- Submitting Notice to ICE to begin the 60-Day Transition Period

As agreed in the Discussions Meeting between GEO and ICE on December 4, 2019, GEO will invoice the government during the Pre-transition Mobilization Phase as priced in our Final Proposal Revision.

60-day Transition Period Phase (2 months):
During this second phase of the Operations Transition Period, GEO's Operations Transition Team will oversee:

- Onboarding of facility staff
- Completion of all staff training
- Vehicle assessments
- Installation of all remaining FF&E
- Facility readiness reviews
- Finalization of detainee transfer plan to begin housing detainees in the facility
- Detainee transfers into the facility at the end of the Transition Period phase

During the 60-Day Transition Period Phase, GEO will invoice the Government as priced in our Final Proposal Revision.

Detainee Intake Schedule

GEO proposes to intake detainees at the rate of approximately 80 per week, which will require approximately 9 to 10 weeks.

Site Specific Transition Details – Golden State

The current occupants of the Golden State Facility will vacate the facility prior to July 2020. However, operation of the Golden State Facility under the ICE Contract will commence immediately upon contract award, beginning with the implementation of the proposed Operations Transition Period, as detailed below.

We request a waiver of the 60-day Transition Period by substituting the following:

The full Operations Transition Period includes two phases: 1) 6 Month Pre-Transition Mobilization and 2) 60-Day Transition. Revised pricing assumes an August 20, 2020 detainee intake.

Pre-Transition Mobilization Phase (6 months):

Immediately upon contract award, GEO will establish the Operations Transition Team. This team will be on-site, overseeing all operational activities during the full Operations Transition Period. During the Pre-Transition Mobilization Phase these, activities will include the following:

- Conducting Post-award Kick-off teleconference, tentatively scheduled for December 21, 2019
- Beginning bi-weekly and/or monthly Progress Update Meetings with ICE
- Coordinating on-site surveys and needs analysis with representatives from ICE, EOIR, IHSC, and OPLA
- Implementing SORN approval process
- Implementing Virtual Attorney Visitation capability
- Finalizing facility reconfiguration plans following ICE on-site surveys
- Ordering/repositioning of FF&E and vehicles
- Conducting recruitment events (i.e. job fairs, employee interviews)
- Screening of employment applicants and federal background clearance checks

- Completing facility reconfiguration
- Updating standard operating procedures in accordance with federal contract
- Submitting facility policies and procedures for final approval
- Submitting Notice to ICE to begin the 60-Day Transition Period

As agreed in the Discussions Meeting between GEO and ICE on December 4, 2019, GEO will invoice the government during the Pre-transition Mobilization Phase as priced in our Final Proposal Revision.

60-day Transition Period Phase (2 months):

During this phase of the Operations Transition Period, GEO's Operations Transition Team will oversee:

- Onboarding of facility staff
- Completion of all staff training
- Vehicle assessments
- Installation of all remaining FF&E
- Facility readiness reviews
- Finalization of detainee transfer plan to begin housing detainees in the facility
- Detainee transfers into the facility at the end of the Transition Period phase

During the 60-Day Transition Period Phase, GEO will invoice the Government as priced in our Final Proposal Revision.

Detainee Intake Schedule

GEO proposes to intake detainees at the rate of approximately 80 per week, which will require approximately 9 to 10 weeks.

GEO's 8-Month Operations Transition Period* / Phase-in Implementation Schedule:

	GEO OPERATIONS TRANSITION PHASE-IN SCHEDULE					
Assumed Contract Award 12/20/19	**Post Award/ Begin Operations Transition**		**Continue Operations Transition Facility Reconfiguration**			**60-Day Ramp Up**
Months	**Months 1 - 6**					**7 - 8**
GEO/ICE Transition Team	Designation of ICE Operations Transition Coordinator (IOTC)	Regularly scheduled meetings	Regularly scheduled meetings	Personnel background clearances by ICE/PCU	Submit Notice of Facility Readiness	Receipt of Notice to Proceed and begin detainee intake
Facility Reconfiguration	Government Onsite Survey /Needs Analysis	Interior renovation designs finalized	Periodic ICE reviews of operations transition	Furniture, fixtures, & equipment (FF&E) ordered	Periodic ICE reviews of operations transition	Install any new FF&E
Operations Implementation	GEO Operations Transition Coordinator reports onsite (GOTC)	Standard operating procedures updated	Submit contract deliverables	Update MOUs for Mutual Aid/ Emergency Services	Revise contract deliverables as requested	Confirm approval of contract deliverables
Staffing	Begin advertising job openings, hold job fair	Hold job fairs & applicant interviews	Employee Screening	Make job offers & begin clearance process	Order staff uniforms	Staff training, weapons qualifications
Transportation	Ordering new vehicles & FFE	Reposition existing fleet vehicles, if needed	Develop Detainee Transfer Plan	Meetings with ICE on Ramp-up coordination	Vehicle assessments completed	GTI training completed

*Operations Transition Period is subject to adjustment based on negotiations.

Effective Recruitment

As the current provider of services for the Mesa Verde ICE Processing Center, GEO expects to retain existing employees as we continue providing services under a new contract. For other facilities proposed under this Requirement, GEO will implement our tested and proven successful recruitment methods to attract new employees.

GEO utilizes multiple venues to advertise open positions. These venues include the State's employment delivery service, radio ads, newspaper, internet job boards, and GEO's online Career Center. GEO's Application for Employment and any recruitment advertising includes the phrase "Equal Opportunity Employer."

GEO's employee retention strategy begins with hiring employees who meet customer and company standards. In addition, we recognize the important role wage rates and employee benefit packages play in retention of employees. GEO will provide salaries and benefits that facilitate effective recruitment and retention of qualified employees.

Comprehensive Training Plan

All new Officers will complete 60 hours of basic training (not including firearms) prior to Entry on Duty (EOD) and 40 hours of on-the-job training. Within 60 days of completing the initial 100 training hours, Officers will complete another 40 hours of training. Each new Officer will complete an additional 40 hours of training within the first year of duty. This supplemental training will relate directly to the employee's position and focus on relevant job skills. All new Officers will complete a total of 180 hours of training within their first year of employment.

Lesson plans and training curriculums used by GEO and approved by ICE which are currently in use at other ICE locations will be used as the basis for developing the site-specific training plan for the Center. Following contract award GEO will tailor this approved training program for use at the facilities proposed under this Requirement, submitting a finalized version within 30 calendar days of contract award as required.

Additionally, GEO will utilize the Learning Management System (LMS) to track and automatically schedule required training for all staff. The system will house all training records and provides notification to the Training Administrator when required training and certifications are due. The system will allow the Regional and Corporate Training Staff to remotely view all Center training records, lesson plans, instructor certifications and staff training records. All training will be conducted by trainers certified by the National Institute of Corrections (NIC).

Licenses and Permits

All appropriate licensure and permits will be obtained prior to the Notice to Proceed. Licenses and permits will be maintained as necessary throughout the duration of the contract.

Insurance Coverage

GEO will comply with the insurance requirements outlined in Section H to include:

- Insurance in an amount not less than $3,000,000 to protect GEO from claims under workman's compensation acts and from any claims for damages for personal injury, including death which may arise from operations under this contract whether such operations by the GEO itself or by any subcontractor or anyone directly or indirectly employed by either business entity

- General Liability insurance: bodily injury liability coverage written on a comprehensive form of policy of at least $500,000 per occurrence as required

- Automobile liability insurance that provides liability coverage for bodily injury and property damage, covering automobiles operated in the United States, and that provides coverage of at least $200,000 per person and $500,000 per occurrence for bodily injury and $20,000 per occurrence for property coverage

Process for Background Investigations

GEO has a proven track record of effectively recruiting and integrating large numbers of new employees and staffing facilities in a short period of time. GEO will work closely with ICE to ensure potential employees receive background investigations and appropriate clearances prior to their Entry on Duty (EOD) in accordance with relevant requirements of the RFP.

Background investigations will be processed through the Personnel Security Unit. Personnel may transfer from other DHS Contracts provided they have an adequate and current investigation. GEO further understands that only those personnel who have favorably adjudicated background investigations will be permitted access to sensitive government information. GEO understands required forms will be provided by DHS at the time of award of the contract, and that only complete packages will be accepted by the OPR-PSU. GEO further understands specific instructions on submission of packages will be provided upon award of the contract.

Proposed Security/Enforcement Equipment Inventory

GEO will submit to the COR or ICE designee a proposed inventory of intervention equipment (e.g., weapons, munitions, chemical agents) intended for use during performance of this contract within the required timeframe after contact award.

Acquisition of Transportation Assets

GEO Transport Inc. (GTI), a wholly-owned subsidiary of The GEO Group, Inc., will be responsible for providing the critical transportation needs for this Center. Upon notice of award, GTI will immediately reposition vehicles within the existing fleet to the Center. GTI has enough vehicles in the existing fleet to ensure the availability of suitable transportation options. Any new vehicles purchased will be energy efficient in order to obtain the latest EPA ratings.

Generally, transport vans take approximately 90 days to receive from the date of order. High capacity vehicles (transporters and buses) generally take 6 months to develop and install the internal after-market safety and security equipment. Upon notice of award, GTI will reposition ICE-compliant vehicles within our existing fleet in order to comply with the transition schedule. GEO/GTI understands it may acquire additional vehicles as necessary at no cost to the government. As mandated, all GTI provided vehicles will be equipped with interior security features to include separation of detainees and officers in accordance with ICE PBNDS.

Certification and Training of Staff

GEO will ensure appropriate staff training is completed and required certifications are obtained and maintained throughout the duration of the contract, relevant to employee assignments.

GEO's Plan to Identify and Mitigate Implementation Risk

GEO has extensive experience in the development and transitioning of existing or new facilities. GEO's risk mitigation process includes the extensive and direct involvement of subject matter experts at the corporate level, regional level, and field level.

With respect to the operations, the major area of risk requiring mitigation relates to the personnel necessary to operate the Center. We have identified the major risks associated with personnel for this contract and provided our planned mitigation action in the table below.

Phase-in Risk Mitigation

Risk	Potential Impact	Mitigation Action
Inadequate recruitment	High	Active recruitment activities using mainstream electronic media, as well as, social media
In adequate employee compensation	High	Application of most recent DOL Wage Determination
Timely completion of background clearances	High	Establish schedule for submission of background clearances for new job applicants to ensure sufficient time for ICE background clearance
After Initiation approval is received the candidates have 10 days to go online and complete their EQIP application for background clearance	High	Establish a schedule for all candidates that have received initiation approval to come onsite and complete the EQIP. HR will maintain the documents that are printed
Receiving timely response from ICE regarding facility reconfiguration	High	Scheduling periodic meetings to facilitate progressive approvals of ICE area reconfiguration
Receiving all ICE requested fixtures, furniture and equipment (FF&E) on a timely basis	High	Confirming proper ordering and receipt of all requested ICE FF&E

Ramp-Down Plan

~~GEO will submit a Transition-out Plan two (2) months prior to the completion of the period of performance of this contract to be approved by the COR. The Transition-Out Plan will include plans for:~~

- ~~Inventory and orderly transfer of any government furnished equipment or property~~
- ~~Briefing on all in-progress and committed items~~
- ~~Any additional information required by other clauses contained in this contract~~

~~As a committed partner to ICE, GEO will fully support the transition of all requirements to any successor to ensure no disruption in operational services.~~

GEO will work with ICE to depopulate the facilities within a 3-6 month timeframe, subject to acceptance by ICE, after the expiration or termination of this Agreement. To ensure an orderly transition from GEO's management of the ICE operation, immediately upon notification, the Facility Administrator will appoint a committee to coordinate activities related to the transition of services.

The committee will consist of Facility Department Heads and/or representatives of the following key functional areas:

- Operations
- Transportation
- Health Services
- Business Management/Finance
- Security
- Classification

Designated Corporate Staff from GEO's Corporate and Regional offices will also participate in the transition-planning process. Based on the ramp-down period there will be an orderly depopulation of all detainees. During this period GEO will collaborate with ICE to transport an agreed upon number of detainees each week to locations determined by ICE until the facilities are totally depopulated.

ICE can be assured of GEO's full cooperation and concentrated efforts to facilitate the transition. GEO clearly demonstrated our ability to work in concert with ICE as well as other vendors in previous transitions. Transition duties typically include, but are not limited to, continuing full security operations during the ramp-down period, transferring facility records, relocating staff to other locations within our company for continued employment opportunities and appropriately storing all GEO-owned inventory,

furnishings, and equipment. GEO will ensure all required facility paperwork will be in proper order and freely provided to ICE, including detainee records, detainee health records and applicable medications in accordance with PBNDS 2011.

Additionally, during the depopulation period GEO will provide to ICE a weekly Operational Data/Metrics Summary which captures the week's ADP and number of transportation miles (including number of routes, number of miles per route, etc.). The ADP information will be extracted from our daily census report and the transportation and route information will be compiled from GTIs daily trip reports.

I.4 Staffing Plan

I. Demonstrated Technical/Management Capabilities
4. Staffing Plan

The GEO Group, Inc. (GEO), has developed a comprehensive, innovative staffing plan that identifies the total work force that will successfully perform all services required under this contract.

Approach to Staffing – Total Workforce

GEO will provide highly qualified and motivated managerial, administrative, and security personnel with the appropriate skill mix to intake, supervise, care for, discharge, and transport detainees 24 hours per day, seven days per week, in accordance with the Performance Work Statement (PWS), contract requirements and applicable standards, including ACA and ICE PBNDS 2011 standards with 2016 revisions. GEO understands the importance of a fully qualified and trained professional staff in appropriate numbers to operate a safe and secure Processing Center.

The proposed staffing plans are subject to a 100% detainee occupancy level and are further subject to vacancies due to vacations, holidays, illness or injury, initial and annual training, absences under the Family and Medical Leave Act (FMLA), and other absences. Whenever necessary, GEO will cover any vacant key positions by using overtime or part-time assignments. At no time will the safety, well-being, or required detainee services ever be compromised. The staffing plan provides for supervision of detainees in the housing areas 24 hours per day, seven days a week. Additional Officers will provide utility and supporting security functions. Shift Supervisors will be on duty 24 hours a day to properly supervise on-duty Officers. Sufficient administrative staff will be available to provide MIS, payroll, personnel, accounting and other support functions.

The attached staffing plan reflects GEO's well-thought out and efficient strategy for staffing each GEO-managed ICE Processing Center. This strategy provides the appropriate skill mix to efficiently and effectively perform contract requirements at all times. The staffing plan depicts the positions and man hour needs for each position in place of a post-based staffing plan.

Please Site-Specific Staffing Plans – attached

GEO's proposed staffing plans introduce operational efficiencies to each Center while maintaining compliance with all PWS requirements and other applicable regulatory standards. We have used our expertise and experience in developing efficient staffing plans to ensure appropriate staffing levels have been planned in accordance with generally accepted Processing Center management practices. Our staffing plans are based

on the anticipation of full capacity of the facilities and will ensure Officers are able to provide direct supervision to detainees as required.

Center Management and Supervision

The GEO Facility Administrator, along with Center department heads, will be responsible for managerial and administrative duties required to assure the continuity of operations. The Facility Administrator will have overall authority and responsibility for on-site management and operation of the contract and interfacing with ICE CORs and/or designated ICE Officers and the Contracting Officer on all contract-related matters. The Facility Administrator will provide, either directly or through subordinate managers and supervisors, oversight and direction to all GEO contractor personnel across all functional areas.

GEO's staffing plans deliver a streamlined, efficient organization with a ratio of management to staff that demonstrates a span of control for effective oversight, control and support to accomplish all PWS functions. Our bottom-up analysis determines the staffing levels for each function. When the staffing levels are finalized for the various posts, GEO staffing experts look closely at the type of work, the physical work site, and other critical factors to analyze the number and level of managers or supervisors needed to ensure effective operations. The staffing plans go through additional review by senior management to reduce the staffing to the most efficient levels for providing the required services.

The primary resource for the efficient operation of the Facilities, as with any Center, is the staff. Personnel assigned to each Center will be highly trained professionals who maintain order and control to ensure the health and safety of the detainees, the staff and the public.

Center staff will be responsible for direct and indirect supervision of the detainee population during their daily activities. Each Center will develop detainee supervision procedures, consisting of rovers patrolling the hallways, walkways, and housing areas. Continuous staff and detainee interaction will establish and help to maintain relationships that produce a safe and orderly environment.

After a thorough analysis of the PWS, GEO has developed a comprehensive operational plan, based on our experience with existing ICE operations, that establishes control measures to prevent unauthorized egress and ingress. The operational plan will provide 24-hour security coverage of designated duty posts seven days per week 24 hours per day.

No GEO employee will be allowed to enter on duty and/or access sensitive information or systems without a favorable preliminary Fitness determination or final Fitness

determination by the Office of Professional Responsibility, Personnel Security Unit (OPR-PSU).

All GEO key personnel to perform duties under this contract will be approved by the Contracting Officer. GEO will have key personnel employed and available for duty before beginning contract performance. Any subsequent changes to key personnel will meet these criteria and be approved in writing by the Contracting Officer.

Safety and Security

Safety, security, detainee services, and Center operations can only be assured by proper selection, assignment, training and supervision of quality employees. All GEO employees will receive safety and security training as part of their pre-service and in-service training. Clerical staff, food service and maintenance personnel will be schooled in the requirements and procedures of personal as well as Center safety and security. The proposed staffing of each Center, in conjunction with our pre-service training and in-service course work, offers ICE the most secure and economically conservative operations that have proven to be capable in meeting client requirements.

GEO's proposed staffing plan places emphasis on the safety and security of the detainees, staff, each Center and the local community. GEO's key approach to minimize risks to the safety and security of these populations is to staff each Center with highly qualified and trained personnel to provide full 24-hour coverage of designated security posts (including control center), surveillance of detainees, and performance of all ancillary functions. This training and post coverage will allow GEO to quickly respond to any change in skill set requirements. Highly trained professional security personnel will conduct around-the-clock supervision and regulation of detainee movement.

The Assistant Facility Administrator or Chief of Security will lead the security staff and manage the security operations to ensure the safety and security of each Center, staff and detainees is safeguarded and maintained.

Housing Officers, augmented by shift supervisory personnel, will oversee the housing units. The housing units will be staffed 24 hours a day by Officers.

As described in further detail under *Contingency/Emergency Staffing Resources* in this section, GEO has developed and maintains an internal corporate nation-wide staff contingency plan, which includes a roster of individuals possessing similar expertise and skills as those required for staff assigned to each Center. GEO will utilize this contingency plan as needed to minimize staffing risks and ensure security coverage of designated duty posts.

The posting of Officers assigned to the public entrance, visitation area, control center, intake section, recreation, escort/utility, and transportation will further enhance Center security and minimize risk.

Deployment of staff will be established using Officer Assignment Rosters, by shift to provide appropriate staff ratios consistent with the operational needs of each Center, including considerations for requirements and risks related to overall security, food service, programs, visitation, and medical care. Implementation of these rosters will depend upon the operational requirements of each Center. A logical combination of the security staff and the professional staff who provide support for business management, human resources, information technology, case management, and maintenance, will ensure deployment of personnel with the pertinent skills in all areas of each Center.

Staffing Risk Minimization

GEO's three decades of experience in secure services management has enabled us to confidently identify and mitigate risks associated with staffing a Processing Center. GEO utilizes defined processes to respond to routine occurrences while allowing for flexibility to manage ad hoc risks that may arise. Major staffing risk areas and recommended approaches to minimize the probability and impact of these risks are outlined below:

Hiring Staffing Risks

- Inability to attract qualified candidates
- Discriminatory hiring practices
- Hiring unsuitable candidates

GEO has a reputation for providing competitive salaries, comprehensive benefits, and career stability. We are confident these benefits will have a positive impact on our ability to recruit a suitable workforce. These highlights attract a large pool of applicants and enable GEO to select the candidate best suited for each position.

GEO has an effective recruitment plan that has been carefully refined over the course of our operations. Our recruitment efforts are designed to eliminate any potential for discriminating against protected classes while ensuring we attract the top talent. We conduct background checks on applicants which comply with ICE requirements and applicable laws.

GEO has developed accurate job descriptions for all positions to ensure candidates are given a proper 'job preview' before applying. Additionally, GEO offers starting salaries that are competitive with the local market, making our organization attractive to potential applicants.

Employment Staffing Risks

- High turnover/poor retention
- Safety of working conditions
- Discriminatory behavior/harassment
- Improper disclosure of confidential information
- Loss of Key Personnel

GEO ensures that employees are provided with adequate supervision and feedback on their work performance. This supports employee development and morale, having a positive impact on retention rates.

GEO facilities are operated in accordance with requirements of the Occupational Safety and Health Administration (OSHA). Additionally, GEO focuses on workplace safety during employee training sessions.

GEO provides staff with training to guard against workplace discrimination and harassment of any kind. GEO will ensure each Center provides a viable means for employees to report incidents of harassment or discrimination.

GEO employs proper controls to restrict access to physical and electronic records. Employees with access to confidential records are subject to additional background screening and are required to acknowledge in writing their understanding of the confidential nature of certain records.

GEO develops a succession plan at each Center for all positions identified as "Key". Qualified replacements are identified within each Center organization or at other GEO facilities and at GEO's Corporate and Regional Offices. Successor candidates at each Center will be cross-trained and cross-utilized to prepare them for quickly assuming the "Key" position when needed.

Termination of Employment Risks

- Potential property loss
- Insider attacks

GEO ensures that exit interviews are conducted whenever possible upon employee separation. We use this opportunity to learn about the employee's experience with GEO and how we may improve our organization. GEO deals fairly and equitably with all employees and ensures that employee performance data is maintained.

Identification and equipment belonging to GEO is retrieved. Access to electronic records is restricted immediately upon separation. All terminations for cause are documented, and records of terminations are maintained.

Contingency/Emergency Staffing Resources

While emergencies and other incidents may be minimized through sound management, advance planning, alert staff and positive detainee relations, such incidents do occur in a Processing Center environment. GEO understands the importance of, and will carefully develop, response plans to manage events that interrupt the normal routine or expectations of the daily life at each Center. The safety and security of the public, staff and detainees is a primary motivation in the development of these plans.

The proposed staffing provides for 24-hour security coverage of designated duty posts seven days per week 24 hours per day but also includes necessary relief factors to allow for staff sick and annual leave, required training and other relevant contingencies. Emergency plans, to ensure staffing levels are maintained above 95%, will include processes for contacting and summoning off duty staff to each Center to provide additional support to the on-duty staff in the event of emergencies. In addition, GEO will:

- Develop, in coordination with local agencies, necessary and appropriate response and contingency plans that set out clear levels of responsibilities and action to be taken
- Make these plans known and readily available to staff
- Thoroughly train all staff in the specific execution of the response and contingency plans
- Subject all plans, and the staff, to regular testing through exercise and practices and amend plans as necessary
- Cooperate closely with the ICE and local officials in the development, practice and implementation of the response and contingency plans

In the event additional assistance is needed, GEO will provide additional staff from other GEO-operated facilities located across the country.

If other staff are deployed, those individuals will be from similar GEO facilities currently contracting with and housing ICE detainees, thereby ensuring they have already completed federal background clearance and are aware of ICE requirements and policies.

To meet such a potential extraordinary need, GEO has developed and maintains an internal corporate nation-wide staff contingency plan which includes a roster of individuals possessing similar expertise and skills as those required for staff assigned to

each Center. Upon notification from the Contracting Officer, GEO can deploy additional staff from this roster to each Center.

Personnel Staffing Requirements

Recruitment Plans

GEO has extensive experience in the recruitment, screening, hiring, training, and management of Processing Center employees. GEO does not anticipate difficulties in fulfilling the staffing requirements of this contract. Since 1984, GEO has refined its human resource process, focusing on the unique needs of the secure services field. GEO has developed and implemented its own recruitment website, creating an additional avenue for information dissemination and recruiting purposes. GEO prides itself for providing Equal Employment Opportunity (EEO), believing that a culturally diverse detainee population is best served with a culturally diverse workforce that is sensitive to cultural differences.

Local hiring is GEO's focus for attracting and retaining the workforce. Individuals who have made a commitment to the community are more likely to commit long-term to an employer. It is recognized that there must be a reciprocal commitment by each Center to the community. GEO is very proud of its record of hiring locally and being actively involved in the local community.

GEO uses a variety of recruitment vehicles in order to source and hire the best employees. These include referrals from government agencies, employee referrals, diversity organizations, national industry organizations, and local community outreach programs. Additionally, GEO uses both print and electronic media (internet, social networks) to advertise our job openings.

Personnel Retention

Job satisfaction is a significant contributor to the retention of GEO staff. Through improved job satisfaction, turnover has decreased significantly.

Senior Vice Presidents, Regional Vice Presidents, Facility Administrators, along with the Corporate Human Resources department, recommend and implement various benefit enhancements that improve job satisfaction.

GEO provides the following benefits:

1. **Comparable Wages** based on salary surveys of similar positions within a 50-mile radius
2. **Health Benefits** including five Medical coverage plans and two new minimum coverage plans, Dental and Vision coverage, Basic and Additional Life Insurance

and Accidental Death & Dismemberment, Spousal and Dependent Life Insurance, Short and Long Term Disability, Flexible Spending Accounts, and Voluntary Benefits such as Critical Illness, Whole Life Insurance, Accident Insurance and Legal/Identity Theft coverage

3. **Other Employee Benefit Programs** including 50% company match of the first 5% an employee contributes their 401(k), Paid Time Off, Sick Time, Holidays, Employee Stock Purchase Plan providing a 5% discount, Employee Assistance Program, Health and Wellness Programs, Bereavement Pay, Jury Duty Pay, and Professional Educational Leave
4. **Orientation, Training, Performance Appraisals, Recognition Awards and Career Development Opportunities**
5. Local, region and corporate sponsored **Community and Social Events**

GEO's reputation, salaries, benefits, training and career opportunities allow GEO to recruit individuals with the skills, education and drive to keep GEO at the forefront of modern secure services practices and keep us in full compliance with all governmental regulatory requirements relating to employment and personnel practices.

Per the PWS, GEO shall provide, through the COR, a Quarterly Report containing the names of contractor employees who are active, pending hire, have departed within the quarter or have had a legal name change (Submitted with documentation).

Training, Mentoring, and Career Development

GEO has long recognized that a highly trained work force is the key element to the operation of a successful, safe and efficient Processing Center. GEO will utilize a comprehensive training program in compliance with ACA Standards that is in accordance with the training plan approved by ICE.

GEO has a Corporate Director of Employee Development responsible for the quality, content and delivery of training, as well as for annual training topics and curricula updating. Additionally, GEO has three Regional Training Managers who constantly interact with Center personnel and communicate best practices from facilities across the nation.

At each Center, a full-time Training Administrator, with experience in the management of training programs, will oversee each Center's training program, and a Training Advisory Committee will meet quarterly to discuss specific training needs and accomplishments. Each Center's Training Advisory Committee will include the Training Administrator; Human Resources Manager; ~~Assistant Warden, Finance & Administration~~ Business Manager; other department heads; and a staff member selected by the Facility

Administrator or the committee. As appropriate, the results of audits, compliance reviews, and ICE concerns will be incorporated into local training.

GEO works in partnership with its state, federal, and multiple local clients to tailor training programs to meet their specific standards and requirements. As a result of our worldwide client base, GEO personnel are able to implement training best practices gained from around the world. Annually, each Training Administrator will submit a training plan to their Regional and Corporate Training Director for feedback, review and approval. This training plan will be submitted to the Contract Monitor for final approval prior to implementation.

GEO plans to utilize a Learning Management System (LMS) at each Center. This system enables GEO to keep a catalogue of all training requirements listed by client including all lesson plans and course learning objectives. The LMS provides an electronic database of individual staff training and provides tracking of due dates to ensure that all staff receive annual refresher or specialty training in accordance with ACA, GEO and ICE requirements. The Corporate Director of Employee Development, Regional Training Managers, and Contract Compliance auditors monitor the LMS for quality assurance. This record management/tracking system will help to ensure that GEO employees meet and maintain all certifications required by ICE.

The training process is designed to provide a professional, well-trained staff empowered to respond to the needs of the operation. Empowered staff members have a higher confidence and competence which enables them to improve their job performance and satisfaction.

GEO utilizes a Field Training Officer program to mentor new Officers through their On-The-Job Training hours. Certified Field Training Officers mentor and evaluate each new Officer as they demonstrate proper job skills and techniques prior to being placed at their shift duty assignment.

GEO encourages employee growth and career development. We offer a Tuition Reimbursement Plan for employees with at least one year of service. The plan provides for up to $1,000 a year for most out of pocket expenses for approved coursework related to an employee's job or department. This program demonstrates GEO's dedication to investing in our employees.

GEO offers career opportunities for staff with integrity, determination, professionalism, and sound interpersonal skills. GEO prefers to promote from within when possible to encourage long-term employee commitment and recognizable career paths within the company.

Employee Performance Standards
GEO employs a variety of methods to establish and reinforce an acceptable code of conduct among our employees. All employees providing service under this contract will be required to abide by standards of conduct established by ICE and GEO.

Setting Employee Performance Standards
During the new hire orientation process, employees are introduced to GEO's standards of employee conduct, compliance policies and procedures, workplace guidelines, and company benefits. Additional training and guidance will be provided on an ongoing basis by their supervisor.

GEO issues every employee a copy of the Employee Handbook. The Handbook outlines general information and guidelines, and describes, in broad terms, company policies, procedures, benefits, and other employment-related information. The Handbook is updated annually, and every employee is required to sign an acknowledgement form. This form certifies the employee's receipt of the Employee Handbook, and signals agreement to thoroughly read and review the document and to seek clarification for questions regarding any information or guidelines. In part, the Employee Handbook covers:

- Sexual Harassment
- Workplace Violence
- Employee Discipline
- Training & Development
- Performance Evaluations

Maintaining Employee Performance
Employees are provided annual refresher training to ensure they continue to perform their job duties in a professional and reliable manner. Additionally, employees participate in annual performance evaluations to assess their performance and factors such as job knowledge, integrity, aptitude, work habits, and ethics.

Employee Recognition Programs
As a means of recognizing employee service and dedication, the following certificates and recognition are offered:

- Circle of Excellence – for ideas to improve job performance
- Certificate of Appreciation – for performance of a valued act or service to the Client or GEO
- Certificate of Recognition – for outstanding service, courage, and initiative

- Certificate of Distinction – for exceptionally meritorious service beyond responsibilities
- Service Awards – for completion of the first year of service and each fifth anniversary (i.e., 5, 10, 15, etc.)
- Spot Bonus – cash awards given in various levels for outstanding performance beyond the call of duty

These commendations are presented to employees as a result of their distinguished performance.

Additional recognition programs include:

- Employee of the Quarter
- Center Administrator of the Year
- Employee of the Year
- Women in Leadership Award (Annual)
- Minority in Leadership Award (Annual)

Dealing with Underperforming Employees

Employees are expected to understand and comply with the standards of conduct set forth in training and in GEO's policies and procedures. In addition, employees are expected to understand and comply with the terms and conditions of our client contracts. Supervisors, in turn, are obligated to create an environment where deviations from behavior or performance standards are addressed.

Supervisors should complete a historical "look-back" of the employee's disciplinary history to determine if the employee has received any prior disciplinary actions during the 12-month period prior to the current infraction. A second occurrence resulting in disciplinary action within this 12-month "look-back" period is considered to be more severe and should be handled as such. All reported disciplinary actions and supporting documents will become a permanent part of an employee's personnel file.

The following are the various forms of progressive disciplinary actions that may be taken based upon the severity of the infraction:

> **Counseling** – A discussion between an employee and their supervisor regarding their violation of a behavioral or performance standard, policy or procedure along with guidance or instructions from the supervisor for correcting the problem. All verbal counseling events will be documented.

Written Reprimand – When counseling was given for a violation and that violation is repeated, or for a more serious offense.

Final Reprimand – The "Last Chance" for the employee to make immediate and sustained improvement in performance or behavior. When employees receive a Final Reprimand, a Disciplinary Probation will be imposed for a 12-month period following the date the Final Reprimand was issued.

Dismissal – The result of a serious breach of a rule, performance standard, practice, policy procedure, or as a result of repeated disciplinary infraction.

GEO reserves the right to depart from this policy of progressive discipline and immediately discharge any employee in its sole discretion.

Organizational Chart

An organizational chart which shows all proposed personnel from the staffing plan and depicts the structure of planned operations at the Facilities has been provided as an attachment at the end of this section.

Please see site-specific Organizational Charts – attached

Mesa Verde ICE Processing Center

Staffing Plan

THE GEO GROUP INC

MESA VERDE

400 BEDS

STAFFING PLAN

Executive Office

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Administrator	1.00				1.00	1.00
Training Administrator	1.00				1.00	1.00
Compliance Administrator	1.00				1.00	1.00
Fire & Safety/Grievance Manager	1.00				1.00	1.00
HR Manager	1.00				1.00	1.00
Administrative Assistant/Receptionist-01020	1.00				1.00	1.00
Sub Total	6.00	0.00	0.00	0.00		6.00

Business / Support

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Business Manager	1.00				1.00	1.00
Bookkeeper-Accounting Clerk II-01012	1.00				1.00	1.00
Computer Support Technician-14160	1.00				1.00	1.00
Detainee Accounts Clerk-Accounting Clerk I-01011	2.00				1.00	2.00
Mailroom Clerk-General Clerk I-01111	1.00				1.00	1.00
Contract Commissary Manager						
Contract Commissary Clerk						
Sub Total	6.00	0.00	0.00	0.00		6.00

THE GEO GROUP INC

MESA VERDE

400 BEDS

STAFFING PLAN

Maintenance

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Maintenance Supervisor	1.00				1.00	1.00
Maintenance Technician-23370	2.00				1.00	2.00
Sub Total	3.00	0.00	0.00	0.00		3.00

Food Service

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Food Service Manager	1.00				1.00	1.00
Cook Supervisor/Officer		3.00	3.00		1.00	6.00
Food Service /Maintenance Clerk-Gen Clerk I-01111	1.00				1.00	1.00
Sub-Total	2.00	3.00	3.00	0.00		8.00

THE GEO GROUP INC

MESA VERDE

400 BEDS

STAFFING PLAN

Health Care (contracted with Wellpath)

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Health Services Administrator-RN	1.00				1.00	1.00
Administrative Assistant	1.00				1.00	1.00
Medical Records Technician	1.00				1.00	2.00
Physician	1.00				1.00	1.00
Mid-Level	2.00				1.00	2.00
Dentist	0.50				1.00	0.50
Dental Assistant	0.50				1.00	0.50
Psychiatrist	0.30				1.00	0.30
Psychologist	1.00				1.00	1.00
RN		2.00	1.00	1.00	1.67	6.68
LVN		2.00	2.00	1.00	1.63	8.15
Sub Total	**8.30**	**4.00**	**3.00**	**2.00**		**24.13**

Programs

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Programs/Volunteer Coordinator	1.00				1.00	1.00
Chaplain	1.00				1.00	1.00
Case Manager	2.00				1.00	2.00
Library Technician-13058	1.00				1.00	1.00
Recreation Specialist-28515	1.00				1.00	1.00
Sub Total	**6.00**	**0.00**	**0.00**	**0.00**		**6.00**

Security Supervisors

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Chief of Security	1.00				1.00	1.00
Shift Supervisor/Lieutenant		1.00	1.00	1.00	1.67	5.00

THE GEO GROUP INC

MESA VERDE

400 BEDS

STAFFING PLAN

Armory/Lockshop Sergeant (Conformed)	1.00				1.00	1.00
Security Clerk-General Clerk I-01111	1.00				1.00	1.00
Sub-Total	**3.00**	**1.00**	**1.00**	**1.00**		**8.00**

Detention Officer

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
					1.73	
Control Room Officer		1.00	1.00	1.00	1.73	5.20
Dorm A / B Officer		1.00	1.00	1.00	1.73	5.20
Dorm C / D Officer		1.00	1.00	1.00	1.73	5.20
Dorm E / F Officer		1.00	1.00	1.00	1.73	5.20
Dorm G / H Officer (females)		1.00	1.00	1.00	1.73	5.20
Escort / Utility / Break Officer	2.00	2.00	2.00	1.00	1.73	12.12
Lobby Officer		1.00	1.00		1.73	3.46
Yard Officer	2.00				1.73	3.46
Intake / Release Officer	3.00				1.73	5.20
Visitation Officer	1.00				1.73	1.73
Laundry Officer	1.00				1.20	1.20
Warehouse / Property Officer	1.00				1.20	1.20
Medical Officer / 2nd Story Medical	2.00				1.73	3.46
Medical Escort Officer	3.00				1.73	5.20
RHU Officer (NEW)		1.00	1.00	1.00	1.73	5.20
Courtroom Officer (NEW)	1.00				1.20	1.20
Sub-Total	**16.00**	**9.00**	**9.00**	**7.00**		**69.42**

SUMMARY *

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Executive Office	6.00	0.00	0.00	0.00		6.00
Business / Support	6.00	0.00	0.00	0.00		6.00
Maintenance	3.00	0.00	0.00	0.00		3.00
Health Care (contracted with Wellpath)	8.30	4.00	3.00	2.00		24.13
Programs	6.00	0.00	0.00	0.00		6.00
Food Service	2.00	3.00	3.00	0.00		8.00
Security Supervisors	3.00	1.00	1.00	1.00		8.00
Detention Officer	16.00	9.00	9.00	7.00		69.42
TOTAL STAFF	**50.30**	**17.00**	**16.00**	**10.00**		**130.55**

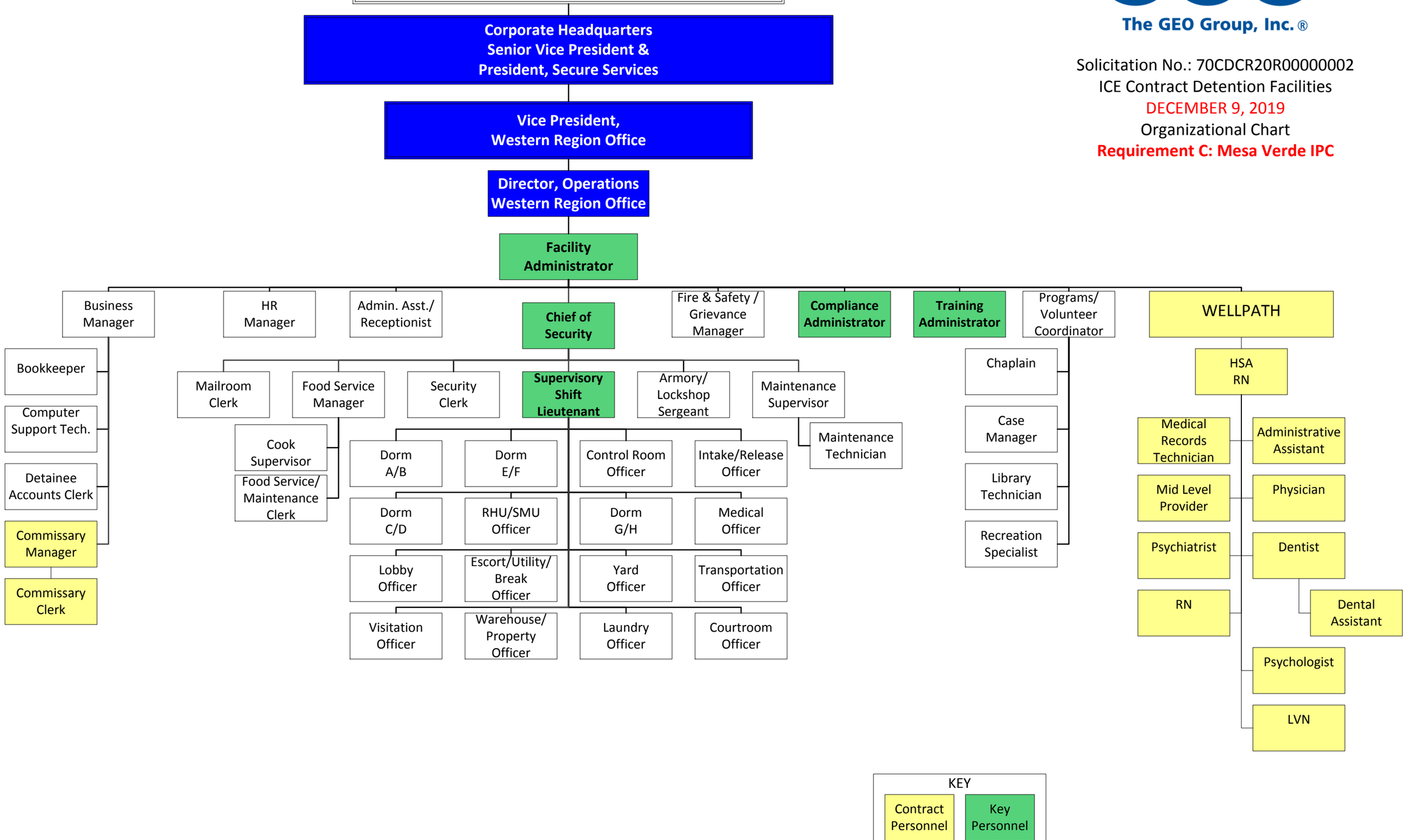
Central Valley Modified Community Correctional Facility

Organizational Chart

United States Department of Homeland Security
U.S. Immigration & Customs Enforcement

The GEO Group, Inc. ®

Solicitation No.: 70CDCR20R00000002
ICE Contract Detention Facilities
DECEMBER 9, 2019
Organizational Chart
Requirement C: Mesa Verde IPC



Staffing Plan

The GEO Group, Inc.
CENTRAL VALLEY
700 BEDS
STAFFING PLAN

Executive Office

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Administrator	1.00				1.00	1.00
Assistant Facility Administrator	1.00				1.00	1.00
HR Manager	1.00				1.00	1.00
Compliance Administrator	1.00				1.00	1.00
PREA Administrator/Grievance/Disability Coordinator	1.00				1.00	1.00
Training Administrator	1.00				1.00	1.00
Fire & Safety Manager	1.00				1.00	1.00
Executive Secretary II-01312	1.00				1.00	1.00
Sub Total	**8.00**	**0.00**	**0.00**	**0.00**		**8.00**

Business

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Business Manager	1.00				1.00	1.00
Computer Support Technician-14160	1.00				1.00	1.00
HR Specialist-Personnel Assistant III-01263	1.00				1.00	1.00
Bookkeeper-Accounting Clerk III-01013	1.00				1.00	1.00
Detainee Banking Clerk-Accounting Clerk II-01012	1.00				1.00	1.00
Accounts Payable/Payroll Clerk-Acct Clerk III-01013	1.00				1.00	1.00
Mailroom Clerk-General Clerk II-01112	2.00				1.00	2.00
Warehouse Clerk-General Clerk II-01112	1.00				1.00	1.00
Receptionist-01460	1.00				1.00	1.00
Janitor-11150	2.00				1.00	2.00
Contract Commissary						
Sub Total	**12.00**	**0.00**	**0.00**	**0.00**		**12.00**

Maintenance

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Maintenance Manager	1.00				1.00	1.00
General Maint Tech-23370	2.00				1.00	2.00
Sub Total	**3.00**	**0.00**	**0.00**	**0.00**		**3.00**

Food Service

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Food Service Manager	1.00				1.00	1.00
Cook II-07042		2.50	2.50		1.60	8.00
Food Serv/Maintenance-Accounting Clerk II-01012	1.00				1.00	1.00
Sub-Total	**2.00**	**2.50**	**2.50**	**0.00**		**10.00**

Health Care (contracted with Wellpath)

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Health Services Administrator	1.00				1.00	1.00
Director of Nursing - RN	1.00				1.00	1.00
Administrative Assistant	1.00				1.00	1.00
Nurse Practitioner/PA	2.00				1.00	2.00
Registered Nurse II (IDC/Clinical)	1.00				1.00	1.00
Registered Nurse II		2.00	2.00	1.00	1.67	8.35
Licensed Vocational Nurse III		2.00	2.00	1.00	1.63	8.15
Medical Records Technician	2.00				1.00	2.00
Physician	40	hours per week				1.00
Psychologist	40	hours per week				1.00
Dentist	20	hours per week				0.50
Dental Assistant	20	hours per week				0.50
Psychiatrist	12	hours per week				0.30
Sub Total	**8.00**	**4.00**	**4.00**	**2.00**		**27.80**

Programs

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Programs/Volunteers Coordinator	1.00				1.00	1.00
Chaplain	1.00				1.00	1.00
Classification / Case Manager (Housing A/B)	2.00				1.00	2.00
Records Clerk-General Clerk II-01112	2.00				1.00	2.00
Library Technician-13058	1.00				1.00	1.00
Recreation Specialist-28515	1.00				1.00	1.00
Sub Total	**8.00**	**0.00**	**0.00**	**0.00**		**8.00**

Security Supervisors

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Supervisory Detention Captain (Chief of Security)	1.00				1.00	1.00
Administrative Lieutenant / Transport Lieutenant	2.00				1.00	2.00
Intake Lt	1.00				1.00	1.00
Supervisory Detention Shift Lieutenant		1.00	1.00	1.00	1.67	5.00
Security / Transport Clerk-General Clerk I-01111	2.00				1.00	2.00
Armory/Locksmith Officer	1.00				1.00	1.00
Sub-Total	7.00	1.00	1.00	1.00		12.00

Detention Officers-27040

	NonShift	Days	Evening	Night	Relief	FTE
Central Control		2.00	2.00	1.00	1.732	8.66
Perimeter Patrol		1.00	1.00	1.00	1.732	5.20
Housing A		4.00	4.00	4.00	1.732	20.78
Housing B		4.00	4.00	4.00	1.732	20.78
RHU		2.00	2.00	1.00	1.732	8.66
Intake / Release		2.00	2.00	1.00	1.732	8.66
Medical		1.00	1.00	1.00	1.732	5.20
Recreation		2.00	2.00		1.732	6.93
Escort / Utility		3.00	2.00	2.00	1.732	12.12
Visitation		2.00			1.732	3.46
Laundry		1.00			1.200	1.20
Property	1.00				1.200	1.20
Programs	1.00				1.200	1.20
Front Desk		1.00	1.00		1.600	3.20
Kitchen		1.00	1.00		1.732	3.46
VTC / Bailiff	2.00				1.200	2.40
Medical Escort Officer	4.00				1.732	6.93
rounding						-0.05
Sub-Total	8.00	26.00	22.00	15.00		120.00

SUMMARY

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Executive Office	8.00	0.00	0.00	0.00		8.00
Business	12.00	0.00	0.00	0.00		12.00
Maintenance	3.00	0.00	0.00	0.00		3.00
Health Care (contracted with Wellpath)	8.00	4.00	4.00	2.00		27.80
Programs	8.00	0.00	0.00	0.00		8.00
Food Service	2.00	2.50	2.50	0.00		10.00
Security Supervisors	7.00	1.00	1.00	1.00		12.00
Detention Officers-27040	8.00	26.00	22.00	15.00		120.00
TOTAL STAFF	56.00	33.50	29.50	18.00		200.80

Organizational Chart

United States Department of Homeland Security
U.S. Immigration & Customs Enforcement

The GEO Group, Inc. ®

Solicitation No.: 70CDCR20R00000002
ICE Contract Detention Facilities
DECEMBER 9, 2019
Organizational Chart
Requirement C: Central Valley MCCF

Corporate Headquarters
Senior Vice President &
President, Secure Services

Vice President,
Western Region Office

Director, Operations
Western Region Office

Facility Administrator

- Business Manager
  - Warehouse Clerk
  - Bookkeeper
  - Computer Support Tech.
  - AP/Payroll Clerk
  - Detainee Banking Clerk
  - Receptionist
- PREA/Grievance/ Disability Coordinator
- HR Manager
  - HR Specialist
- Executive Secretary
- **Assistant Facility Administrator**
  - Food Service Manager
    - Cook II
    - Food Service/ Maint./Acctg. Clerk
  - Mailroom Clerk
  - Facility Maintenance Manager
    - General Maintenance Technician
    - Janitor
- Fire & Safety Manager
- **Compliance Administrator**
- **Training Administrator**
- Programs/ Volunteer Coordinator
  - Chaplain
  - Classification/ Case Manager
  - Records Clerk
  - Library Technician
  - Recreation Specialist
- WELLPATH
  - Health Services Administrator
    - DON
      - RN-II
      - Nurse Practitioner
      - RN-II (IDC/Clinical)
      - LVN III
    - Medical Records Technician
    - Psychiatrist
    - Physician
    - Psychologist
    - Dentist
      - Dental Assistant
    - Administrative Assistant
- **Chief of Security**
  - Security/ Transport Clerk
  - **Supervisory Shift Lieutenant**
    - Housing A
    - RHU/SMU Officer
    - Recreation Officer
    - Transportation Officer
    - Central Control Officer
    - Medical Officer
    - Kitchen Officers
    - Visitation Officer
    - Perimeter Patrol Officer
    - Intake/ Release Officer
    - Front Desk Officers
    - Laundry Officer
    - Housing B
    - Escort/Utility Officer
    - Programs Officer
    - VTC/Bailiff Officer
  - **Administrative Lieutenant**
  - Armory/ Locksmith Officer
  - Intake Lieutenant
    - Property Officer

KEY
Contract Personnel
Key Personnel

Golden State Modified Community Correctional Facility

Staffing Plan

The GEO Group, Inc.
GOLDEN STATE
700 BEDS
STAFFING PLAN

Executive Office

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Administrator	1.00				1.00	1.00
Assistant Facility Administrator	1.00				1.00	1.00
HR Manager	1.00				1.00	1.00
Compliance Administrator	1.00				1.00	1.00
PREA Administrator/Grievance/Disability Coordinator	1.00				1.00	1.00
Training Administrator	1.00				1.00	1.00
Fire & Safety Manager	1.00				1.00	1.00
Executive Secretary II-01312	1.00				1.00	1.00
Sub Total	**8.00**	**0.00**	**0.00**	**0.00**		**8.00**

Business

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Business Manager	1.00				1.00	1.00
Computer Support Technician-14160	1.00				1.00	1.00
HR Specialist-Personnel Assistant III-01263	1.00				1.00	1.00
Bookkeeper-Accounting Clerk III-01013	1.00				1.00	1.00
Detainee Banking Clerk-Accounting Clerk II-01012	1.00				1.00	1.00
Accounts Payable/Payroll Clerk-Acct Clerk III-01013	1.00				1.00	1.00
Mailroom Clerk-General Clerk II-01112	2.00				1.00	2.00
Warehouse Clerk-General Clerk II-01112	1.00				1.00	1.00
Receptionist-01460	1.00				1.00	1.00
Janitor-11150	2.00				1.00	2.00
Contract Commissary						
Sub Total	**12.00**	**0.00**	**0.00**	**0.00**		**12.00**

Maintenance

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Maintenance Manager	1.00				1.00	1.00
General Maint Tech-23370	2.00				1.00	2.00
Sub Total	**3.00**	**0.00**	**0.00**	**0.00**		**3.00**

Food Service

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Food Service Manager	1.00				1.00	1.00
Cook II-07042		2.50	2.50		1.60	8.00
Food Serv/Maintenance-Accounting Clerk II-01012	1.00				1.00	1.00
Sub-Total	**2.00**	**2.50**	**2.50**	**0.00**		**10.00**

Health Care (contracted with Wellpath)

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Health Services Administrator	1.00				1.00	1.00
Director of Nursing - RN	1.00				1.00	1.00
Administrative Assistant	1.00				1.00	1.00
Nurse Practitioner/PA	2.00				1.00	2.00
Registered Nurse II (IDC/Clinical)	1.00				1.00	1.00
Registered Nurse II		2.00	2.00	1.00	1.67	8.35
Licensed Vocational Nurse III		2.00	2.00	1.00	1.63	8.15
Medical Records Technician	2.00				1.00	2.00
Physician	40	hours per week				1.00
Psychologist	40	hours per week				1.00
Dentist	20	hours per week				0.50
Dental Assistant	20	hours per week				0.50
Psychiatrist	12	hours per week				0.30
Sub Total	**8.00**	**4.00**	**4.00**	**2.00**		**27.80**

Programs

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Programs/Volunteers Coordinator	1.00				1.00	1.00
Chaplain	1.00				1.00	1.00
Classification / Case Manager (Housing A/B)	2.00				1.00	2.00
Records Clerk-General Clerk II-01112	2.00				1.00	2.00
Library Technician-13058	1.00				1.00	1.00
Recreation Specialist-28515	1.00				1.00	1.00
Sub Total	**8.00**	**0.00**	**0.00**	**0.00**		**8.00**

Security Supervisors

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Supervisory Detention Captain (Chief of Security)	1.00				1.00	1.00
Administrative Lieutenant / Transport Lieutenant	2.00				1.00	2.00
Intake Lt	1.00				1.00	1.00
Supervisory Detention Shift Lieutenant		1.00	1.00	1.00	1.67	5.00
Security / Transport Clerk-General Clerk I-01111	2.00				1.00	2.00
Armory/Locksmith Officer	1.00				1.00	1.00
Sub-Total	7.00	1.00	1.00	1.00		12.00

Detention Officers-27040

	NonShift	Days	Evening	Night	Relief	FTE
Central Control		2.00	2.00	1.00	1.732	8.66
Perimeter Patrol		1.00	1.00	1.00	1.732	5.20
Housing A		4.00	4.00	4.00	1.732	20.78
Housing B		4.00	4.00	4.00	1.732	20.78
RHU		2.00	2.00	1.00	1.732	8.66
Intake / Release		2.00	2.00	1.00	1.732	8.66
Medical		1.00	1.00	1.00	1.732	5.20
Recreation		2.00	2.00		1.732	6.93
Escort / Utility		3.00	2.00	2.00	1.732	12.12
Visitation		2.00			1.732	3.46
Laundry		1.00			1.200	1.20
Property	1.00				1.200	1.20
Programs	1.00				1.200	1.20
Front Desk		1.00	1.00		1.600	3.20
Kitchen		1.00	1.00		1.732	3.46
VTC / Bailiff	2.00				1.200	2.40
Medical Escort Officer	4.00				1.732	6.93
rounding						-0.05
Sub-Total	8.00	26.00	22.00	15.00		120.00

SUMMARY

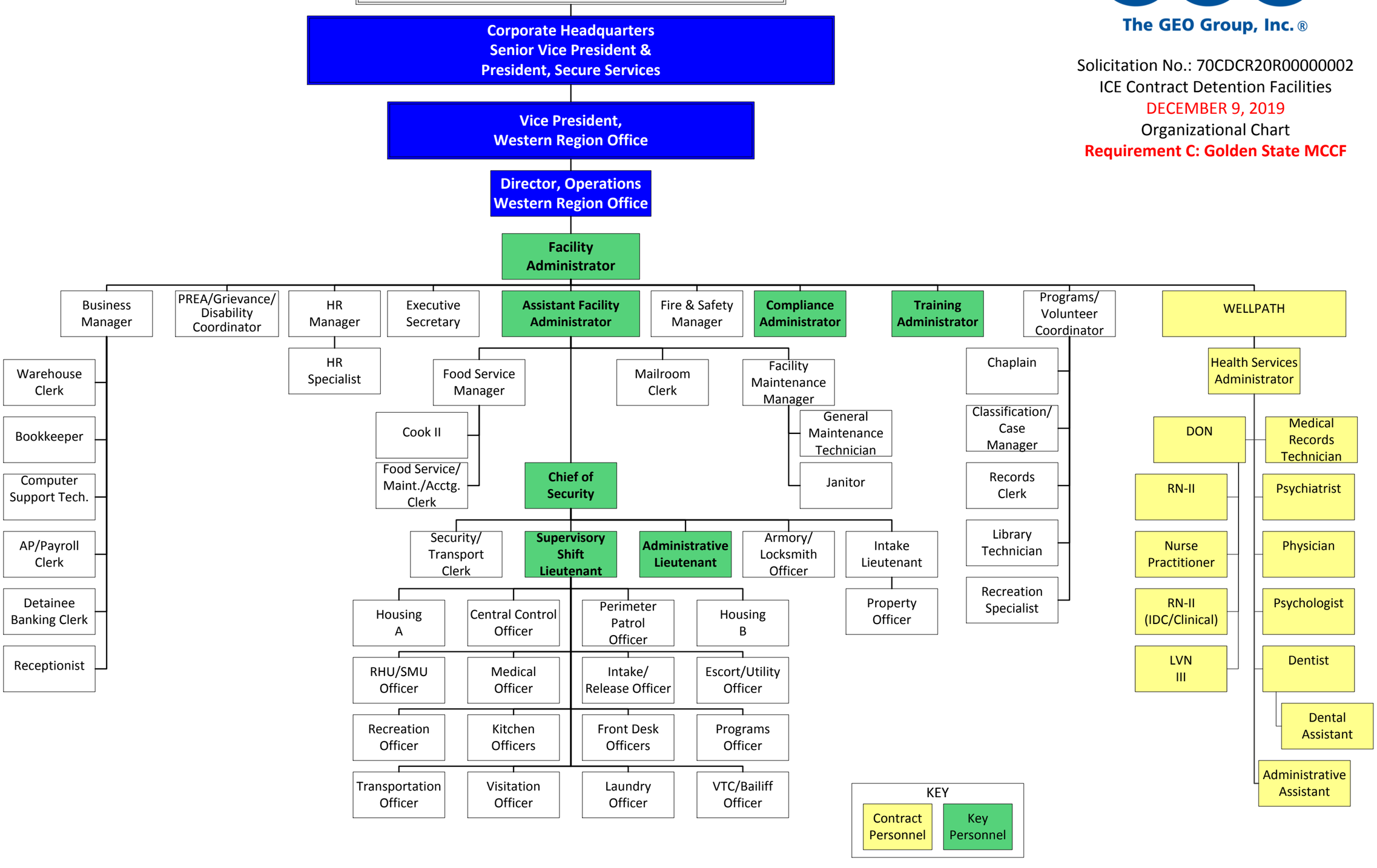
	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Executive Office	8.00	0.00	0.00	0.00		8.00
Business	12.00	0.00	0.00	0.00		12.00
Maintenance	3.00	0.00	0.00	0.00		3.00
Health Care (contracted with Wellpath)	8.00	4.00	4.00	2.00		27.80
Programs	8.00	0.00	0.00	0.00		8.00
Food Service	2.00	2.50	2.50	0.00		10.00
Security Supervisors	7.00	1.00	1.00	1.00		12.00
Detention Officers-27040	8.00	26.00	22.00	15.00		120.00
TOTAL STAFF	56.00	33.50	29.50	18.00		200.80

Organizational Chart

United States Department of Homeland Security
U.S. Immigration & Customs Enforcement

The GEO Group, Inc. ®

Solicitation No.: 70CDCR20R00000002
ICE Contract Detention Facilities
DECEMBER 9, 2019
Organizational Chart
Requirement C: Golden State MCCF



ICE: *Detention Services Cost Statement (DSCS)*

This Detention Services Cost Statement is mandatory for all applicants requesting a new detention contract or housing rate modification to complete this document in its entirety. This Excel document contains various tab that contain schedules that will assist ICE's Contracting Officers with their fair and reasonable determinations and negotiations. The document will also assist detention facilities in developing a complete and supportable proposal.

PURPOSE

The purpose of this document is to provide a clear and consistent framework for providing pricing information for ICE detention facilities. Criteria used to evaluate fixed per diem rates based on actual and allowable costs will be in accordance with the Federal Acquisition Regulations ("FAR") for contracts with private vendors. We recommend that personnel completing this document are well trained to ensure compliance with the applicable portions of the FAR and the Service Contract Act.

BASIC GUIDELINES

The fixed per diem rate will be computed on the basis of actual, allowable, and allocable direct and indirect costs associated with the operation of the facility and that benefit federal prisoners during the most recent accounting period.

SCHEDULES TO BE COMPLETED

Only the light brown highlighted field can be modified by the preparers. All other fields have been locked, and the password will not be provided to the preparers. The following is a listing of tabs or schedules included in this document and a brief overview of each:

1. Cover Page

This includes a summary of the outputs from the various cost categories that are covered on the back tabs, as well as the basic information about the facility in order to identify it.

2. Staffing Input A - The preparer must enter current year data for the benefits and taxes paid to staff at the facility, as well as an abbreviated staffing plan that describes the posts in the facility.

3. Staffing Input B - The preparer must enter current year base labor rates for each position in the facility.

4. Staffing Output - The preparer does not need to enter data on this tab. It serves to summarize the results of the rate build-up on tabs 2 and 3.

5.Facility Costs - The preparer must enter current year and prior year data for costs directly related to the lease (if applicable) and upkeep of the detention facility. For equipment lease and operations and maintenance costs, these charges must be itemized in order to provide greater detail on their composition.

6. Other Direct Costs (ODCs) - The preparer must enter the other operating costs associated with the acceptable categories of other costs in running a detention facility. For detainee welfare, these costs should be itemized by category (e.g., bedding, toiletries, etc.).

7. G&A - The preparer must enter the costs associated with the various categories included in the administration of its facility. The preparer should itemize the taxes shown on the sheet, and for FAR-based contracts, should reference FAR Section XXX in order to verify that these taxes are allowable.

8. Contract Services – The preparer must provide the costs for consultant and contract services to the extent that they benefit federal prisoners. The preparer should not show any costs here that are also included in their reported Direct Costs, but only those that are charged by a third party subcontractor.

Cover Page Instructions
Complete the light brown cells with the facility's identifying information and population data below. All white cells calculate automatically from other sheets

A. Identifying Information	
Facility name	**Mesa Verde**
Contractor's Name (Operator)	**GEO Group**
Total facility size (square feet)	**53,000**
B. Capacity	
Total capacity	**400**
ADP (Last twelve months)	**379**
Current population	**380**
C. Time Frame (Fiscal Year)	**1/1/2019 - 12/31/2019**
D. Financial Information	

			% of contract
Staffing	$	11,258,015.72	54%
Facility	$	593,863.33	3%
Other Direct Costs	$	651,862.77	3%
Total Operating Costs	**$**	**12,503,741.81**	**60%**
Depreciation & Interest	$	1,204,280.84	6%
Contracted Services	$	4,052,608.49	20%
G&A	$	2,403,186.22	12%
Total Non-Operating Costs	**$**	**7,660,075.54**	**37%**
Profit	**$**	**612,847.64**	**3%**
TOTAL CONTRACT VALUE	**$**	**20,776,665.00**	**100%**
Bed-day rate at total capacity	$	142.31	
Bed-day rate ADP (Last twelve months)	$	150.00	
Bed-day rate at current population	$	149.74	
Vendor's proposed rate(s)/price(s)* Tier I ▶		**(80%) 320 Guarantee $163.38**	
Tier II ▶		**321-400 incremental $58.00**	
Tier III ▶			
Tier IV ▶			
Total profit margin		**3%**	
Transportation Costs (if applicable)	**$**	**-**	

* Include Tiered rates in additional cells as needed

Step 5: Part 1 Instructions

Complete the light brown cells with SCA/CBA data and staffing plans below. Please include descriptions for any "other" benefits in cells N10-P17. The white cells will calculate automatically with the data from this tab and Staffing Input 8. You do not need to use all rows.

SCA/CBA Instructions

Complete the light brown cells in the table below, reflecting each applicable SCA/CBA, or the benefits for each type of staff at the facility.

SCA/CBA specific hours and fundening	Hours						Rate			Benefits and other hourly labor rate burdens					Taxes (% per Hour)				Shift Differential			Overtime premium		
	Annual Total	Holidays	Vacation	Sick	Training	Guardmount	Base Hour	Production	Overtime	H&W	Retirement	Other Benefit 1	Other Benefit 2	Other Benefit 3	Other Charges	FICA	FUTA	SUTA	Worker's comp	OT Premium	Day shift 1	Swing shift 2	Graveyard shift 3
Exempt	2,080						-	2,080		5%	3%					7.65	0.03	0.24	0.81				
CO Admin	2,080						-	2,080		15%	3%					7.77	0.03	0.24	0.81				
MS Officer 1	2,080	80	160	96	64	96	20	1,984	32	15%	3%					7.74	0.03	0.24	1.32	4.0			
MS Officer 2	2,080	80	107	96	64	96	20	1,753	32	15%	3%					7.74	0.03	0.24	1.32	5.0			
OMS	2,080	80	133	96	64	-	22	1,787	42	8%	2%					7.68	0.03	0.24	1.47				
Medical (exempt (subcontractor)	2,080					-	-	2,080															
Doctor (MD (subcontractor)	2,080					-	-	2,080															

Step 5: Part 2 Instructions

Complete the full position staffing lists below for all four categories (professional, event, fixed, transportation), as applicable. The descriptions of each role type are below.

Description of professional roles

Administrative, support, or managerial roles that are essential to the operation of the facility though not directly tied to a detainee-facing function. These roles do not obtain shift premiums or have a relief factor applied.

Professional roles

Role	Position count	FTE	Annual hours	Base wage	OT premium	Benefits	Taxes	Cost
Facility Administrator	1.00	1	2,080.00	$ 82,692.31	$ -	$ 9,469.61	$ 6,327.31	$ 98,489.23
Housing Administrator	1.00	1	2,080.00	$ 74,423.08	$ -	$ 8,522.65	$ 5,694.58	$ 88,640.31
Training Administrator	1.00	1	2,080.00	$ 74,423.08	$ -	$ 8,522.65	$ 5,694.58	$ 88,640.31
Risk & Safety/Grievance Manager	1.00	1	2,080.00	$ 74,423.08	$ -	$ 8,522.65	$ 5,694.58	$ 88,640.31
PR Manager	1.00	1	2,080.00	$ 74,423.08	$ -	$ 8,522.65	$ 5,694.58	$ 88,640.31
Administrative Assistant/Receptionist	1.00	1	2,080.00	$ 38,461.54	$ -	$ 4,405.13	$ 2,943.27	$ 45,809.94
Business Manager	1.00	1	2,080.00	$ 111,009.60	$ -	$ 8,511.14	$ 9,264.82	$ 128,785.56
Maintenance Accounting Clerk-4703	1.00	1	2,080.00	$ 38,206.00	$ -	$ 7,459.64	$ 3,319.91	$ 48,985.55
Computer Support Technician-1350	1.00	1	2,080.00	$ 53,144.00	$ -	$ 11,339.62	$ 6,319.45	$ 70,803.07
Minimum Accounts Clerk-Accounts	2.00	2	4,160.00	$ 76,288.00	$ -	$ 11,338.12	$ 12,639.72	$ 100,265.84
Mailroom Clerk-General Clerk-1014	1.00	1	2,080.00	$ 35,744.00	$ -	$ 6,510.62	$ 6,319.45	$ 48,574.07
Kitchen shift supervisor	1.00	1	2,080.00	$ 52,270.00	$ -	$ 11,002.08	$ 6,319.45	$ 69,591.53
Assistant Area Technician-10370	2.00	2	4,160.00	$ 71,797.00	$ -	$ 12,639.12	$ 11,711.97	$ 96,148.09
Food Service Manager	1.00	1	2,080.00	$ 74,423.08	$ -	$ 8,522.65	$ 5,694.58	$ 88,640.31
-	-	-	-	-	-	-	-	-
Food Service /Maintenance Clerk-0	1.00	1	2,080.00	$ 35,744.00	$ -	$ 6,510.62	$ 6,319.45	$ 48,574.07
Programs/Volunteer Coordinator	1.00	1	2,080.00	$ 74,423.08	$ -	$ 8,522.65	$ 5,694.58	$ 88,640.31
Chaplain	1.00	1	2,080.00	$ 32,203.00	$ -	$ 5,864.92	$ 5,694.58	$ 43,762.45
Law Manager	2.00	2	4,160.00	$ 174,863.00	$ -	$ 16,464.79	$ 12,639.72	$ 204,167.51
Library Technician-10018	1.00	1	2,080.00	$ 40,457.00	$ -	$ 8,560.93	$ 6,319.45	$ 55,337.38
Recreation Specialist-29615	1.00	1	2,080.00	$ 41,267.00	$ -	$ 8,727.76	$ 6,319.45	$ 56,314.21
Chief of Security	1.00	1	2,080.00	$ 111,009.60	$ -	$ 8,511.14	$ 9,264.82	$ 128,785.56
-	-	-	-	-	-	-	-	-
Armory/Locksmith Sergeant (Contra	1.00	1	2,080.00	$ 87,401.60	$ -	$ 18,484.90	$ 6,319.45	$ 112,206.11
Security Clerk-General/Clerk-10117	1.00	1	2,080.00	$ 42,223.00	$ -	$ 4,587.65	$ 6,319.45	$ 53,130.04
-	-	-	-	-	-	-	-	-
Health Services Administrator-RN	1.00							
Administrative Assistant	1.00							
HNE	2.00							
Physician	1.00							
MSA Level	2.00							
Dentist	1.00							
Dental Hygienist	1.00							
Dental Assistant	1.00							
Psychiatrist	1.00							
Psychologist	1.00							
LPN	4.00							
LVN	4.00							
X-Ray Technician	1.00							

Description of event roles

Positions that are essential to the execution of an operational function that is not required to occur for the entirety of an 8 hour shift for 5-7 days per week, e.g., meals, recreation, visitation, court, laundry.

Event roles (e.g., dinner, recreation, active use of law library)

Event role	Count	Shift	Position (count)	Days/week	Hrs/shift (hrs)	FTE	Base wage	OT premium	Benefits	Taxes	Cost
Yard Officer	4	Detention Officer 1	2.00	7	8	5.46	$ 154,289.60	$ 38,281.52	$ 19,619.84	$ 24,295.75	$ 282,291.70
Intake / Release Officer	3	Detention Officer 1	3.00	7	8	8.19	$ 231,434.40	$ 57,422.28	$ 29,429.76	$ 36,443.63	$ 423,437.55
Visitation Officer	3	Detention Officer 1	3.00	7	8	8.19	$ 231,434.40	$ 57,422.28	$ 29,429.76	$ 36,443.63	$ 423,437.55
Laundry Officer	3	Detention Officer 2	1.00	7	8	2.73	$ 108,417.60	$ 13,295.42	$ 13,714.67	$ 17,051.80	$ 196,145.02
Disinfectant / Property Officer	3	Detention Officer 2	1.00	5	8	1.95	$ 108,417.60	$ 13,295.42	$ 13,714.67	$ 17,051.80	$ 196,145.02
Medical Officer / 2nd Floor Medical	3	Detention Officer 1	2.00	7	8	5.46	$ 154,289.60	$ 38,281.52	$ 19,619.84	$ 24,295.75	$ 282,291.70
-	-	-	-	-	-	-	-	-	-	-	-
Courtroom Officer	4	Detention Officer 2	1.00	5	8	1.95	$ 108,417.60	$ 13,295.42	$ 13,714.67	$ 17,051.80	$ 196,145.02
Cook Supervisor/Officer	4	Cook Supervisor/Officer	1.80	7	8	4.90	$ 248,460.80	$ 25,487.30	$ 31,661.27	$ 39,511.12	$ 445,120.49
Cook Supervisor/Officer	4	Cook Supervisor/Officer	1.95	7	8	5.31	$ 268,965.00	$ 25,487.30	$ 31,784.22	$ 39,511.12	$ 465,747.64
Shift Supervisor/Lieutenant	4	Shift Supervisor/Lieutenant	1.05	7	8	2.87	$ 166,477.21	$ 17,124.30	$ 18,214.57	$ 22,128.80	$ 252,944.88

Staffing Input B Instructions

Complete the light brown cells below, listing all unique positions (using the exact position titles as l
hourly labor rate. You do not need to use all rows. Please note that Column C below applies to SCA

Position description	CBA
Facility Administrator	Exempt
Training Administrator	Exempt
Compliance Administrator	Exempt
Fire & Safety/Grievance Manager	Exempt
HR Manager	Exempt
Administrative Assistant/Receptionist-01020	WD Admin
Business Manager	Exempt
Bookkeeper-Accounting Clerk II-01012	WD Admin
Computer Support Technician-14160	WD Admin
Detainee Accounts Clerk-Accounting Clerk I-01011	WD Admin
Mailroom Clerk-General Clerk I-01111	WD Admin
Maintenance Supervisor	WD Admin
Maintenance Technician-23370	WD Admin
Food Service Manager	Exempt
Cook Supervisor/Officer	Shift
Food Service /Maintenance Clerk-Gen Clerk I-01111	WD Admin
Programs/Volunteer Coordinator	Exempt
Chaplain	Exempt
Case Manager	WD Admin
Library Technician-13058	WD Admin
Recreation Specialist-28515	WD Admin
Chief of Security	Exempt
Shift Supervisor/Lieutenant	Shift
Armory/Lockshop Sergeant (Conformed)	WD Admin
Security Clerk-General Clerk I-01111	WD Admin
Detention Officer 1	WD Officer 1
Detention Officer 2	WD Officer 2
Health Services Administrator-RN	Medical (subcontractor)
Administrative Assistant	Medical (subcontractor)
MRC	Medical (subcontractor)
Physician	Medical (subcontractor)
Mid-Level	Medical (subcontractor)
Dentist	Medical (subcontractor)
Dental Hygienist	Medical (subcontractor)

Dental Assistant	Medical (subcontractor)
Psychiatrist	Medical (subcontractor)
Psychologist	Medical (subcontractor)
RN	Medical (subcontractor)
LVN	Medical (subcontractor)
X-Ray Technician	Medical (subcontractor)

isted on tab Staffing Input A), their SCA/CBA, company, and unburdened
as well as CBA, eventhough the title only states CBA.

		Base rate		
Detention Officer? (Y/N)	Company	Labor rate	H&W	Retirement
N	Prime Contractor	$ 62.50	$ 3.43	$ 1.25
N	Prime Contractor	$ 48.08	$ 2.64	$ 0.96
N	Prime Contractor	$ 48.08	$ 2.64	$ 0.96
N	Prime Contractor	$ 48.08	$ 2.64	$ 0.96
N	Prime Contractor	$ 30.61	$ 1.68	$ 0.61
N	Prime Contractor	$ 28.14	$ 5.39	$ 0.56
N	Prime Contractor	$ 53.37	$ 2.93	$ 1.07
N	Prime Contractor	$ 16.83	$ 3.22	$ 0.34
N	Prime Contractor	$ 25.55	$ 4.89	$ 0.51
N	Prime Contractor	$ 14.99	$ 2.87	$ 0.30
N	Prime Contractor	$ 14.80	$ 2.83	$ 0.30
N	Prime Contractor	$ 25.01	$ 4.79	$ 0.50
N	Prime Contractor	$ 19.66	$ 3.76	$ 0.39
N	Prime Contractor	$ 48.08	$ 2.64	$ 0.96
N	Prime Contractor	$ 39.75	$ 3.29	$ 0.80
N	Prime Contractor	$ 14.80	$ 2.83	$ 0.30
N	Prime Contractor	$ 48.08	$ 2.64	$ 0.96
N	Prime Contractor	$ 24.52	$ 1.35	$ 0.49
N	Prime Contractor	$ 42.02	$ 8.05	$ 0.84
N	Prime Contractor	$ 19.47	$ 3.73	$ 0.39
N	Prime Contractor	$ 19.84	$ 3.80	$ 0.40
N	Prime Contractor	$ 53.37	$ 2.93	$ 1.07
N	Prime Contractor	$ 48.08	$ 3.98	$ 0.96
N	Prime Contractor	$ 42.02	$ 8.05	$ 0.84
N	Prime Contractor	$ 14.52	$ 2.78	$ 0.29
Y	Prime Contractor	$ 42.35	$ 4.48	$ 0.85
Y	Prime Contractor	$ 42.35	$ 4.48	$ 0.85
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A

N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A
N	Subcontractor		#N/A	#N/A

				Labor rate
Burdening				
Other Benefit 1	Other Benefit 2	Other Benefit 3	Other charges	Total Benefits
$ -	$ -	$ -	$ -	$ 4.68
$ -	$ -	$ -	$ -	$ 3.60
$ -	$ -	$ -	$ -	$ 3.60
$ -	$ -	$ -	$ -	$ 3.60
$ -	$ -	$ -	$ -	$ 2.29
$ -	$ -	$ -	$ -	$ 5.95
$ -	$ -	$ -	$ -	$ 4.00
$ -	$ -	$ -	$ -	$ 3.56
$ -	$ -	$ -	$ -	$ 5.40
$ -	$ -	$ -	$ -	$ 3.17
$ -	$ -	$ -	$ -	$ 3.13
$ -	$ -	$ -	$ -	$ 5.29
$ -	$ -	$ -	$ -	$ 4.16
$ -	$ -	$ -	$ -	$ 3.60
$ -	$ -	$ -	$ -	$ 4.08
$ -	$ -	$ -	$ -	$ 3.13
$ -	$ -	$ -	$ -	$ 3.60
$ -	$ -	$ -	$ -	$ 1.84
$ -	$ -	$ -	$ -	$ 8.89
$ -	$ -	$ -	$ -	$ 4.12
$ -	$ -	$ -	$ -	$ 4.20
$ -	$ -	$ -	$ -	$ 4.00
$ -	$ -	$ -	$ -	$ 4.94
$ -	$ -	$ -	$ -	$ 8.89
$ -	$ -	$ -	$ -	$ 3.07
$ -	$ -	$ -	$ -	$ 5.33
$ -	$ -	$ -	$ -	$ 5.33
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A

#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A

Taxes					Fully burdened
FICA	FUTA	SUTA	Worker's comp	Total taxes	Fully burdened rate
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 71.70
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 56.20
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 56.20
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 56.20
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 37.42
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 37.13
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 61.88
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 23.43
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 33.99
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 21.20
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 20.97
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 33.34
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 26.86
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 56.20
$ 3.58	$ 0.03	$ 0.21	$ 1.47	$ 5.29	$ 49.12
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 20.97
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 56.20
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 30.87
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 53.95
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 26.63
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 27.07
$ 3.63	$ 0.03	$ 0.21	$ 0.65	$ 4.52	$ 61.88
$ 3.58	$ 0.03	$ 0.21	$ 1.47	$ 5.29	$ 58.31
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 53.95
$ 2.17	$ 0.03	$ 0.21	$ 0.63	$ 3.04	$ 20.63
$ 3.74	$ 0.03	$ 0.21	$ 1.52	$ 5.50	$ 53.18
$ 3.74	$ 0.03	$ 0.21	$ 1.52	$ 5.50	$ 53.18
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

						Ann
Overtime		Base	Non-productive hours			
OT premium	OT rate	Total	Holidays	Vacation	Sick	Training
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	80	133	56	64
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
-	$ -	2,080	80	133	56	64
-	$ -	2,080	-	-	-	-
-	$ -	2,080	-	-	-	-
1.5	$ 63.53	2,080	80	143	56	64
1.5	$ 63.53	2,080	80	107	56	64
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

ual hours				
	Hours	Hours	Overtime	Base
Guardmount	Productive	Overtime	Cost	Cost per FTE
-	2,080	-	$ -	$ 149,126.35
-	2,080	-	$ -	$ 116,887.17
-	2,080	-	$ -	$ 116,887.17
-	2,080	-	$ -	$ 116,887.17
-	2,080	-	$ -	$ 77,829.02
-	2,080	-	$ -	$ 77,229.80
-	2,080	-	$ -	$ 128,714.17
-	2,080	-	$ -	$ 48,729.65
-	2,080	-	$ -	$ 70,703.24
-	2,080	-	$ -	$ 44,093.02
-	2,080	-	$ -	$ 43,614.24
-	2,080	-	$ -	$ 69,342.49
-	2,080	-	$ -	$ 55,860.99
-	2,080	-	$ -	$ 116,887.17
-	1,747	42	$ -	$ 102,170.51
-	2,080	-	$ -	$ 43,614.24
-	2,080	-	$ -	$ 116,887.17
-	2,080	-	$ -	$ 64,213.45
-	2,080	-	$ -	$ 112,206.11
-	2,080	-	$ -	$ 55,382.20
-	2,080	-	$ -	$ 56,314.57
-	2,080	-	$ -	$ 128,714.17
-	1,747	42	$ -	$ 121,277.28
-	2,080	-	$ -	$ 112,206.11
-	2,080	-	$ -	$ 42,908.66
56	1,681	42	$ 2,642.64	$ 113,248.43
40	1,733	42	$ 2,642.64	$ 113,248.43
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		

#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		
#N/A	#N/A	#N/A		

		Per 5 day position
FTE/5 day position	Wages/5 day position	Benefits/5 day position
1.00	$ 130,000.00	$ 9,732.93
1.00	$ 100,006.40	$ 7,487.35
1.00	$ 100,006.40	$ 7,487.35
1.00	$ 100,006.40	$ 7,487.35
1.00	$ 63,668.80	$ 4,766.80
1.00	$ 58,531.20	$ 12,378.99
1.00	$ 111,009.60	$ 8,311.14
1.00	$ 35,006.40	$ 7,403.64
1.00	$ 53,144.00	$ 11,239.63
1.00	$ 31,179.20	$ 6,594.21
1.00	$ 30,784.00	$ 6,510.63
1.00	$ 52,020.80	$ 11,002.08
1.00	$ 40,892.80	$ 8,648.57
1.00	$ 100,006.40	$ 7,487.35
1.19	$ 98,428.57	$ 10,114.01
1.00	$ 30,784.00	$ 6,510.63
1.00	$ 100,006.40	$ 7,487.35
1.00	$ 51,001.60	$ 3,818.42
1.00	$ 87,401.60	$ 18,484.90
1.00	$ 40,497.60	$ 8,564.99
1.00	$ 41,267.20	$ 8,727.76
1.00	$ 111,009.60	$ 8,311.14
1.19	$ 119,055.24	$ 12,233.50
1.00	$ 87,401.60	$ 18,484.90
1.00	$ 30,201.60	$ 6,387.45
1.24	$ 112,246.32	$ 13,707.69
1.20	$ 108,872.58	$ 13,295.63
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A

#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A

Cost basis		
Taxes/5 day position	Cost/5 day position	FTE/7 day position
$ 9,393.43	$ 149,126.35	1.40
$ 9,393.43	$ 116,887.17	1.40
$ 9,393.43	$ 116,887.17	1.40
$ 9,393.43	$ 116,887.17	1.40
$ 9,393.43	$ 77,829.02	1.40
$ 6,319.61	$ 77,229.80	1.40
$ 9,393.43	$ 128,714.17	1.40
$ 6,319.61	$ 48,729.65	1.40
$ 6,319.61	$ 70,703.24	1.40
$ 6,319.61	$ 44,093.02	1.40
$ 6,319.61	$ 43,614.24	1.40
$ 6,319.61	$ 69,342.49	1.40
$ 6,319.61	$ 55,860.99	1.40
$ 9,393.43	$ 116,887.17	1.40
$ 13,088.98	$ 121,631.56	1.67
$ 6,319.61	$ 43,614.24	1.40
$ 9,393.43	$ 116,887.17	1.40
$ 9,393.43	$ 64,213.45	1.40
$ 6,319.61	$ 112,206.11	1.40
$ 6,319.61	$ 55,382.20	1.40
$ 6,319.61	$ 56,314.57	1.40
$ 9,393.43	$ 128,714.17	1.40
$ 13,088.98	$ 144,377.71	1.67
$ 6,319.61	$ 112,206.11	1.40
$ 6,319.61	$ 42,908.66	1.40
$ 14,149.93	$ 140,103.93	1.73
$ 13,724.67	$ 135,892.89	1.68
#N/A	#VALUE!	0.00
#N/A	#VALUE!	0.00
#N/A	#VALUE!	0.00
#N/A	#VALUE!	0.00
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#N/A	#VALUE!	0.00
#N/A	#VALUE!	0.00
#N/A	#VALUE!	0.00
#N/A	#VALUE!	0.00
#N/A	#VALUE!	0.00
#N/A	#VALUE!	0.00

Per 7 day position		
Wages/7 day position	Benefits/7 day position	Taxes/7 day position
$ 182,000.00	$ 13,626.10	$ 13,150.80
$ 140,008.96	$ 10,482.28	$ 13,150.80
$ 140,008.96	$ 10,482.28	$ 13,150.80
$ 140,008.96	$ 10,482.28	$ 13,150.80
$ 89,136.32	$ 6,673.52	$ 13,150.80
$ 81,943.68	$ 17,330.58	$ 8,847.46
$ 155,413.44	$ 11,635.60	$ 13,150.80
$ 49,008.96	$ 10,365.09	$ 8,847.46
$ 74,401.60	$ 15,735.48	$ 8,847.46
$ 43,650.88	$ 9,231.89	$ 8,847.46
$ 43,097.60	$ 9,114.88	$ 8,847.46
$ 72,829.12	$ 15,402.91	$ 8,847.46
$ 57,249.92	$ 12,108.00	$ 8,847.46
$ 140,008.96	$ 10,482.28	$ 13,150.80
$ 137,800.00	$ 14,159.61	$ 18,324.57
$ 43,097.60	$ 9,114.88	$ 8,847.46
$ 140,008.96	$ 10,482.28	$ 13,150.80
$ 71,402.24	$ 5,345.79	$ 13,150.80
$ 122,362.24	$ 25,878.86	$ 8,847.46
$ 56,696.64	$ 11,990.99	$ 8,847.46
$ 57,774.08	$ 12,218.86	$ 8,847.46
$ 155,413.44	$ 11,635.60	$ 13,150.80
$ 166,677.33	$ 17,126.90	$ 18,324.57
$ 122,362.24	$ 25,878.86	$ 8,847.46
$ 42,282.24	$ 8,942.43	$ 8,847.46
$ 157,144.84	$ 19,190.76	$ 19,809.90
$ 152,421.61	$ 18,613.88	$ 19,214.54
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A

#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A
#N/A	#N/A	#N/A

Cost/7 day position
$ 208,776.89
$ 163,642.04
$ 163,642.04
$ 163,642.04
$ 108,960.63
$ 108,121.72
$ 180,199.83
$ 68,221.51
$ 98,984.53
$ 61,730.23
$ 61,059.93
$ 97,079.48
$ 78,205.38
$ 163,642.04
$ 170,284.18
$ 61,059.93
$ 163,642.04
$ 89,898.83
$ 157,088.55
$ 77,535.08
$ 78,840.40
$ 180,199.83
$ 202,128.80
$ 157,088.55
$ 60,072.13
$ 196,145.50
$ 190,250.04
#VALUE!
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Total staffing cost	$	11,258,015.72

Staffing plan summary

FTEs		129
Detention Officers		69
Other		60
Wages	$	9,039,540.96
Benefits	$	1,108,534.43
Taxes	$	1,109,940.33

Detention Officers

	Professional	Event
FTE Count	-	35
Annual cost	**$ -**	**$ 3,938,297.75**
Wages	$ -	$ 3,155,224.91
Benefits	$ -	$ 385,320.66
Taxes	$ -	$ 397,752.19

Non-Detention Officers

	Professional	Event
FTE Count	49	11
Annual cost	**$ 2,177,398.42**	**$ 1,219,409.45**
Wages	$ 1,745,307.20	$ 996,112.00
Benefits	$ 237,043.19	$ 102,355.29
Taxes	$ 195,048.03	$ 120,942.16

Fixed	Total
35	69
$ 3,922,910.10	**$ 7,861,207.85**
$ 3,142,896.85	$ 6,298,121.76
$ 383,815.29	$ 769,135.95
$ 396,197.96	$ 793,950.14

Fixed	Total
-	60
$ -	**$ 3,396,807.87**
$ -	$ 2,741,419.20
$ -	$ 339,398.48
$ -	$ 315,990.19

Total Facility Costs	$	593,863.33

Facility Instructions

Complete the light brown cells below, as well as the required itemizations (marked by the asterisks). Please also enter the prior year values. The percentage change will automatically calculate in Column E, and will color red if there is an increase greater than 10%. The Government may require further documentation to justify these increases. If any buildings or equipment is depreciated rather than leased, please enter the information required by the Depreciation & Interest tab (#6).

	Current year $	Prior year	% change
Building lease or rent			0%
Equipment lease*	$ 44,906.52	$ 44,026.00	2%
Utilities	$ 348,093.43	$ 334,783.00	4%
Operations and maintenance*	$ 200,863.38	$ 196,480.58	2%

*For items with an asterisk, please provide itemize charges in the space provided below

Major equipment leased

Major Equipment Instructions

Enter the lease costs for major equipment, as well as a brief description.

Description	Cost	Prior year cost
63017 Rent-Storage	$ 2,445.96	$ 2,398.00
63025 Lease-Office Equipme	$ 24,695.22	$ 24,211.00
63035 Lease-Vehicles (non t	$ 17,765.34	$ 17,417.00
Total	**$ 44,906.52**	**$ 44,026.00**

Operations and maintenance costs

Operations and Maintenance Instructions

Enter the costs to maintain the facility (e.g., supplies), as well as the costs from last year.

Description	Cost	Prior year cost
Maintenance	$ 80,924.05	$ 78,893.00
Repair	$ 78,917.99	$ 77,370.58
Professional Fees	$ 41,021.34	$ 40,217.00
Total	**$ 200,863.38**	**$ 196,480.58**

Total depreciation and interest	$	1,204,280.84

Depreciation & Interest Instructions

Enter the information in the light brown cells, and descriptions where appropriate. If a b
the renovation under the "Repairs/Upgrades or Equipment Depreciation" section, and d
value of the building. If the Government is charged a facility fee through a lease or rent
those charges separately in the Facility tab (#5). If there is an increase of more than 3%
Government may require further documentation.

Building depreciation	$605,581.92
Equipment depreciation	$51,191.04
Interest/Cost of money	$547,507.88

Building depreciation

Building Depreciation Instructions

Enter the required information in the light brown cells, and the depreciation charge will

Building name	Year built
Mesa Verde building	2009
Mesa Verde renovations	2015

Repairs/Upgrades or Equipment depreciation

Repairs or Equipment Depreciation Instructions

Enter the required information in the light brown cells, and the depreciation charge for

Equipment/Repairs description	Year purchased
Equipment	Various

Cost of money

Cost of Money Instructions

Enter the outstanding loans for depreciable buildings, equipment, or repairs listed abov
reimbursment of the cost of money on the current book value (defined as the remaining
are subtracted) at the rate released quarterly by the Treasury Department. While this ar
capital expenditures, profit may not be applied to this amount. Therefore, this line item

Asset description	Original Value	
Mesa Verde building	$	14,015,140.09
Mesa Verde renovations	$	11,811,511.98
Equipment	$	306,011.90
Land	$	2,237,076.20

uilding has been repaired or renovated, include the cost of
lepreciate that value seperately, rather than re-setting the
charges, do not fill out the Building portion, and include
from a prior year, Column E will turn red, and the

Prior year	% change
$ 595,287.66	2%
$ 131,454.74	-61%
$ 558,025.21	-2%

be automatically calculated using the straight-line method

Original value	Salvage value	Life of the building (years)
$ 14,015,140.09	$ -	51
$ 11,811,511.98	$ -	36
		Total building depreciation

equipment and repairs will be automatically calculated.

Original value	Salvage value	Life of the equipment or repairs (years)
$ 306,011.90	$ -	6
		Total equipment depreciation

e. Per FAR section 31.205-10, the vendor is eligible for
g book value after depreciation expenses from all prior years
mount is intended to cover interest or "cost of money" on
is excluded in the profit calculations in tab "10.Profit"

Annual depreciation expense	Years depreciated	Current book value
$ 276,602.16	13	$ 10,325,931.52
$ 328,979.76	4	$ 10,347,194.20
$ 51,191.04	3	$ 142,761.29
$ -	-	$ 2,237,076.20
		$ -
		$ -

Annual depreciation
$276,602.16
$328,979.76
$0.00
$605,581.92

Annual depreciation
$51,191.04
$0.00
$0.00
$0.00
$0.00
$51,191.04

Cost of money	Annual interest payments
2.375%	$245,240.87
2.375%	$245,745.86
2.375%	$3,390.58
2.375%	$53,130.56
2.375%	$0.00
2.375%	$0.00
Total cost of money	**$547,507.88**

Total Other Direct Costs	$	651,862.77

Other Direct Charges Instructions

Enter the information by category into the light brown cells below, itemizing where prompted. I
the facility is provided by a subcontractor, do not enter costs for medical supplies and equipmer
be included in the medical subcontract). Credits are defined as overpayments the Government h
past year, which should be subtracted from the overall contract cost in the current period. Cells
turn red if costs have increased more than 10% in the last year, and the Government may requir
documentation to justify these increases.

	Current year $	Prior year
Food and kitchen supplies	$ 451,841.65	$ 413,183.00
Detainee welfare*	$ 134,767.48	$ 123,424.64
IT	$ 15,833.82	$ 15,738.37
Telecom	$ 41,320.00	$ 41,320.00
Medical supplies and equipment		
Recreation	$ -	$ -
Education	$ 8,099.82	$ 7,941.00
Credits	$ -	$ -
Officer uniforms (if not in CBA)	$ -	$ -

*For items with an asterisk, please provide itemized charges in the space provided below

Detainee welfare and supplies

Welfare and supplies Instructions

For detainee supplies and welfare, itemize by category (toiletries, linens, etc.) for the current an

Description	Cost	Prior year cost
57010 Hygiene E&S	$ 74,877.30	$ 68,575.18
57020 Bedding E&S	$ 1,758.50	$ 1,610.49
57040 Resident Clothing	$ 43,844.71	$ 40,154.48
57070 Resident Welfare	$ -	$ -
57055 Resident-Interpreter	$ -	$ -
57070 Resident Payroll-Reimburse	$ 14,286.97	$ 13,084.49
Total	**$ 134,767.48**	**$ 123,424.64**

f medical care at
nt (which should
nas made in the
in Column E will
re further

% change
9%
9%
1%
0%
0%
0%
2%
0%
0%

d prior period.

Total contracted services	$	4,052,608.49

Contracted Services Instructions

Complete the light brown cells below to show the costs of the relevant subcontracts and third party fees f
along with the name of the company or government to whom those fees are paid. If there is a Transportat
information on the Transportation tab (#11). Cells in Column F will turn red if the cost of the subcontract h
in the last year, and the Government may require further documentation to justify these increases

Subcontract	Current year $	Prior year
Medical (including dental and mental health)	$ 4,052,608.49	$ 3,420,688.75
Education		
Food Services		
Security		
IGA fee		

'or the current and prior year,
tion subcontract, enter that
nas increased more than 10%

Vendor name	% change
Wellpath	18%
	0%
	0%
	0%
	0%

Total G&A	$	2,403,186.22

Other Direct Charges Instructions

For the general and administrative costs of the facility, complete the light brown cells below, including a brief description of the spend in each category and itemizations where prompted. If charges have increased more than 10% since the prior year, cells in Column E will turn red, and the Government may require further documentation to justify these increases.

	Current year	Prior year	% change	Brief description of charges
Accounting	$ 13,708.74	$ 13,439.94	2%	License & Filing Fees
Audit/Risk	$ 13,956.22	$ 13,682.57	2%	ACA accreditation, dues & subscriptions
Finance	$ 612.00	$ 600.00	2%	Banks charges
Human Resources	$ 57,757.82	$ 56,625.31	2%	Recruiting, education fees for staff, background/drug tests & other personnel costs
Insurance	$ 307,268.50	$ 298,381.03	3%	General liability, commercial property, and other insurances
Legal	$ 6,120.00	$ 6,000.00	2%	Local charitable contributions
Office Supplies and miscellaneous	$ 89,237.79	$ 72,034.60	24%	Office supplies, shipping, printing, ID's and related equipment
	$ 1,323,911.34	$ 1,293,700.78		GEO takes into account the rules set forth in 48 C.F.R 9904.403 – Allocation of Home Office Expense to Segments. The three factor formula use of payroll, revenue and net book value of assets is discussed in 48 CFR 9904.403-50 (c)1 i-iii.
Taxes*	$ 151,329.80	$ 148,362.55	2%	
Travel and Staff Training	$ 439,284.00	$ 438,289.08	0%	Pre-employment training, hotel, airfare, auto rental, per diem & business meals

*For items with an asterisk, please provide itemize charges in the space provided below

Tax Itemization

Tax Itemization Instructions

Enter the itemized amounts that the vendor paid in the last year for taxes that are allowable under FAR section XXX

Description	Current year	Prior year	% change
67115 Real Property Taxes	$ 143,928.68	$ 141,106.55	2%
67125 Misc Taxes	$ 7,401.12	$ 7,256.00	2%
			0%
			0%
			0%
			0%
Total	**$ 151,329.80**	**$ 148,362.55**	

Total Profit Proposed	$	612,847.64

Profit Instructions
Complete the light brown cells to give the profit percentage chosen out of the acceptable range, as w

	Total cost base	Profit margin	Profit $
Profit on operating costs	$ 12,503,741.81	3%	$ 390,638.65
Profit on non-operating costs	$ 7,112,567.67	3%	$ 222,208.99

Operating Costs	$	12,503,741.81
Detention Labor	$	11,258,015.72
Facility	$	593,863.33
Other Direct Costs	$	651,862.77

Non-Operating Costs	$	7,112,567.67
G&A	$	2,403,186.22
Contracted Services	$	4,052,608.49
Depreciation		$656,772.96

ell as a short justification for that rate of profit.

Justification of profit rate

Transportation costs	$	-

Transportation Instructions
If the facility also provides detainee transportation services for ICE, please complete the informati **on a subcontract**, enter the charge in row 13 and the profit in row 9 and do not complete the rest **independently**, the staffing charges will automatically populate from the two Staffing Input tabs (# rate per mile with an estimated number of miles per month, and/or as itemized lease, repairs, insu on a separate invoice, and will not affect the bed-night rate on the contract.

Profit on transportation	Total transportation costs	
Base spend on transportation	$	-

Subcontract	Current year $
Subcontract for Transportation	

Staffing information

Staffing Instructions
This information populates automatically from tabs 2 and 3 ("Staffing Input A and B"). If the inform the "Transportation" section on tab 2 and the base wage on tab 3

Category	Transportation Officers	
FTE Count		-
Annual cost	$	-
Wages	$	-
Benefits	$	-
Taxes	$	-

Vehicle Mileage

Vehicle Mileage Instructions
If the vendor chooses to express costs as a charge per mile, the costs scan be entered into the ligh charges by vehicle type. If the vendor would rather show its costs itemized below, see Rows 43 to

Vehicle Type	Mileage/month

Itemized Vehicle Charges

Itemized Vehicle Charge Instructions
Complete the table below to show the type, number, and cost of lease fees that the contractor pa services to ICE. If the vendor would rather show its cost as a mileage fee, see Rows 31 to 35.

Vehicle Type	Brief description
Vehicle Lease	
Vehicle repairs/maintenance	
Vehicle insurance	
Fuel costs	

on below. **If transportation is provided by another vendor** of the sheet. **If the vendor provides transportation** #2 and #3). Then, the vendor can show their costs the all-in urance, and fuel costs. Note that these charges will be paid

Profit margin	Amount of profit
	$ -

Prior year	Vendor name	% change
		0%

nation appears to be incorrect, please edit

t brown cells below to show the mileage 46.

Rate/mile	Cost/month	Annual cost
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -

	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	TOTAL	**$ -**

ys for vehicles to provide transportation

Cost per vehicle	Number of vehicles	Annual cost
		$ -
		$ -
		$ -
		$ -
	TOTAL	**$ -**

Staffing Input A Instructions

Complete the light brown cells with SCA/CBA data and staffing plans below. Please include descriptions for any "other" benefits in cells N10-P17. The white cells will calculate automatically with the data from this tab and Staffing Input B. You do not need to use all rows.

SCA/CBA Instructions

Complete the light brown cells in the table below, reflecting each applicable SCA/CBA, or the benefits for each type of staff at the facility

SCA/CBA specific hours and burdening	Hours									Benefits and other hourly labor rate bur			
	Annual Total	Holidays	Vacation	Sick	Training	Guardmount	Non Prod.	Productive	Overtime	H&W	Retirement	Other Benefit 1	Other Benefit 2
Exempt	2,080						-	2,080		7.6%	1.0%		
WD Admin	2,080						-	2,080	229	19.8%	1.0%		
WD Officer 1	2,080	80	143	56	64	56	399	1,681	229	10.0%	1.0%		
WD Officer 2	2,080	80	107	56	64	40	347	1,733	229	10.0%	1.0%		
Shift	2,080	80	133	56	64	-	333	1,747	-	17.0%	1.0%		
WD Shift	2,080	80	60	56	64	-	260	1,820	229	7.6%	1.0%		
							-	-					

Staffing List Instructions

Complete the full position staffing lists below for all four categories (professional, event, fixed, transportation), as applicable. The descriptions of each role type are below.

Description of professional roles

Administrative, support, or managerial roles that are essential to the operation of the facility though not directly tied to a detainee-facing function. These roles do not obtain shift premiums or have a relief factor applied.

Description of event roles

Positions that are essential to the execution of an operational function that is not required to occur for the entirety of an 8 hour shift for 5-7 days per v

Professional roles

Role	Position count	Est. wages	Est. benefits	Est. taxes	Est. cost
Facility Administrator	1.00	$ 145,620.80	$ 12,581.13	$ 10,446.12	$ 168,648.05
Assistant Facility Administrator	1.00	$ 116,500.80	$ 10,065.27	$ 10,446.12	$ 137,012.19
HR Manager	1.00	$ 101,296.00	$ 8,751.62	$ 10,446.12	$ 120,493.75
Compliance Administrator	1.00	$ 101,296.00	$ 8,751.62	$ 10,446.12	$ 120,493.75
PREA Administrator/Grievance/Disa	1.00	$ 65,000.00	$ 5,615.77	$ 10,446.12	$ 81,061.90
Training Administrator	1.00	$ 101,296.00	$ 8,751.62	$ 10,446.12	$ 120,493.75
Fire & Safety Manager	1.00	$ 101,296.00	$ 8,751.62	$ 10,446.12	$ 120,493.75
Executive Secretary II-01312	1.00	$ 48,633.62	$ 8,673.56	$ 7,038.97	$ 64,346.15
Business Manager	1.00	$ 116,500.80	$ 10,065.27	$ 10,446.12	$ 137,012.19
Computer Support Technician-1416(	1.00	$ 61,912.76	$ 11,041.82	$ 7,038.97	$ 79,993.55
HR Specialist-Personnel Assistant III-	1.00	$ 53,722.34	$ 9,581.10	$ 7,038.97	$ 70,342.42
Bookkeeper-Accounting Clerk III-01(	1.00	$ 46,816.22	$ 8,349.43	$ 7,038.97	$ 62,204.63
Detainee Banking Clerk-Accounting (	1.00	$ 41,848.66	$ 7,463.49	$ 7,038.97	$ 56,351.13
Accounts Payable/Payroll Clerk-Acct	1.00	$ 43,956.85	$ 7,839.48	$ 7,038.97	$ 58,835.30
Mailroom Clerk-General Clerk II-011	2.00	$ 78,269.36	$ 13,958.94	$ 14,077.94	$ 106,306.24
Warehouse Clerk-General Clerk II-01	1.00	$ 39,134.68	$ 6,979.47	$ 7,038.97	$ 53,153.12
Receptionist-01460	1.00	$ 33,900.57	$ 6,045.99	$ 7,038.97	$ 46,985.53
Janitor-11150	2.00	$ 64,069.41	$ 11,426.45	$ 14,077.94	$ 89,573.80
Facility Maintenance Manager	1.00	$ 58,250.00	$ 10,388.59	$ 7,038.97	$ 75,677.56
General Maint Tech-23370	2.00	$ 95,280.22	$ 16,992.74	$ 14,077.94	$ 126,350.90
Food Service Manager	1.00	$ 101,296.00	$ 8,751.62	$ 10,446.12	$ 120,493.75
Food Serv/Maintenance-Accounting	1.00	$ 41,848.66	$ 7,463.49	$ 7,038.97	$ 56,351.13
0	0.00				
0	0.00				
0	0.00				
0	0.00				
0	0.00				
Programs/Volunteers Coordinator	1.00	$ 101,296.00	$ 8,751.62	$ 10,446.12	$ 120,493.75
Chaplain	1.00	$ 51,001.60	$ 4,406.36	$ 10,446.12	$ 65,854.08
Classification / Case Manager (Housing A/B)	2.00	$ 227,821.99	$ 40,630.88	$ 14,077.94	$ 282,530.81
Records Clerk-General Clerk II-01112	2.00	$ 78,269.36	$ 13,958.94	$ 14,077.94	$ 106,306.24
Library Technician-13058	1.00	$ 51,493.00	$ 9,183.51	$ 7,038.97	$ 67,715.48
Recreation Specialist-28515	1.00	$ 52,874.22	$ 9,429.84	$ 7,038.97	$ 69,343.04
Supervisory Detention Captain (Chief of Security)	1.00	$ 104,998.40	$ 9,071.50	$ 10,446.12	$ 124,516.02
Administrative Lieutenant / Transport Lieutenant	2.00	$ 202,592.00	$ 17,503.25	$ 20,892.24	$ 240,987.49
Intake Lt	1.00	$ 101,296.00	$ 8,751.62	$ 10,446.12	$ 120,493.75
Security / Transport Clerk-General Clerk I-01111	2.00	$ 71,726.72	$ 12,792.09	$ 14,077.94	$ 98,596.75
Armory/Locksmith Officer	1.00	$ 102,622.52	$ 18,302.20	$ 7,038.97	$ 127,963.69

Event roles (e.g., dinner, recreation, active use of law library)

Event	Shift	Position	Position Count	Days/Week	Duration (hrs)	Est. FTE
Cook II-07042	1	Cook II-07042	2.50	7	8	4.00
Cook II-07042	2	Cook II-07042	2.50	7	8	4.00
Supervisory Detenti	1	Supervisory Detention Shift L	1.00	7	8	1.67
Supervisory Detenti	2	Supervisory Detention Shift L	1.00	7	8	1.67
Supervisory Detenti	3	Supervisory Detention Shift L	1.00	7	8	1.67
Recreation	1	Detention Officer	2.00	7	8	3.46
Recreation	2	Detention Officer	2.00	7	8	3.46
Escort / Utility	1	Detention Officer	3.00	7	8	5.20
Escort / Utility	2	Detention Officer	2.00	7	8	3.46
Escort / Utility	3	Detention Officer	2.00	7	8	3.46
Visitation	1	Detention Officer	2.00	7	8	3.46
Laundry	1	Detention Officer 2	1.00	5	8	1.20
Property	1	Detention Officer 2	1.00	5	8	1.20
Programs	1	Detention Officer 2	1.00	5	8	1.20
VTC / Bailiff	1	Detention Officer 2	2.00	5	8	2.40
Medical Escort Officer	1	Detention Officer	4.00	7	8	6.93

Burden						Overtime	Shift premiums		
den		Taxes ($ per Hour)					Day shift	Swing shift	Graveyard shift
Other Benefit 3	Other Charges	FICA	FUTA	SUTA	Worker's comp	OT Premium	1	2	3
		$ 3.74	$ 0.03	$ 0.21	$ 1.04				
		$ 2.25	$ 0.03	$ 0.21	$ 0.90	1.5			
		$ 4.26	$ 0.03	$ 0.21	$ 2.40	1.5			
		$ 4.21	$ 0.03	$ 0.21	$ 2.37	1.5			
		$ 2.61	$ 0.03	$ 0.21	$ 1.47				
		$ 3.76	$ 0.03	$ 0.21	$ 2.12	1.5			

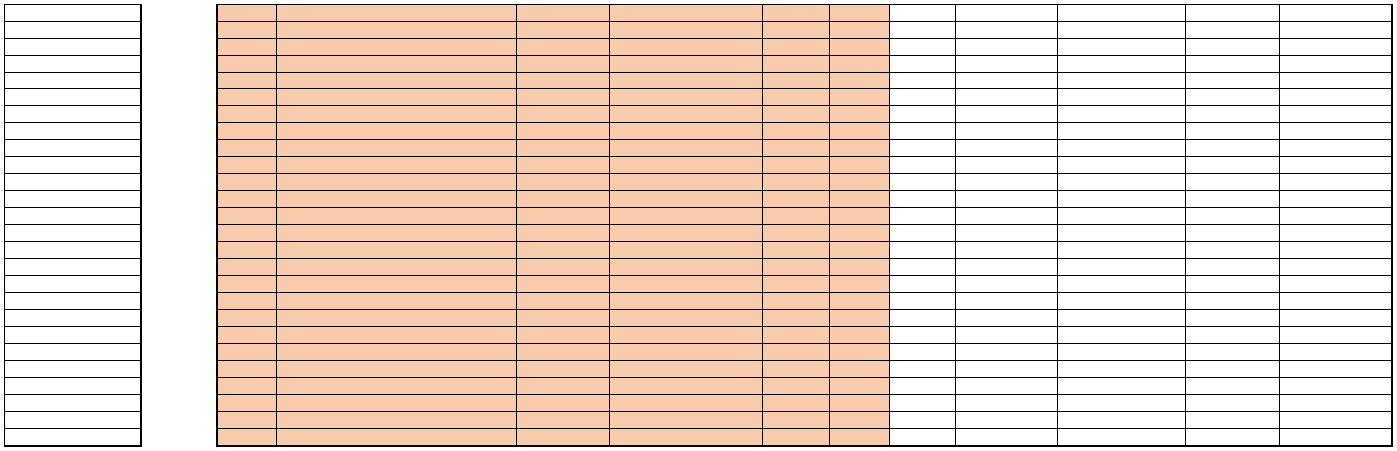
week, e.g., meals, recreation, visitation, court, laundry.

Est. wages	Est. benefits	Est. taxes	Est. cost
$ 171,853.34	$ 12,683.87	$ 50,886.68	$ 235,423.89
$ 171,853.34	$ 12,683.87	$ 50,886.68	$ 235,423.89
$ 168,826.67	$ 30,457.45	$ 14,968.15	$ 214,252.27
$ 168,826.67	$ 30,457.45	$ 14,968.15	$ 214,252.27
$ 168,826.67	$ 30,457.45	$ 14,968.15	$ 214,252.27
$ 355,482.99	$ 33,456.84	$ 49,678.48	$ 438,618.31
$ 355,482.99	$ 33,456.84	$ 49,678.48	$ 438,618.31
$ 533,224.49	$ 50,185.26	$ 74,517.72	$ 657,927.47
$ 355,482.99	$ 33,456.84	$ 49,678.48	$ 438,618.31
$ 355,482.99	$ 33,456.84	$ 49,678.48	$ 438,618.31
$ 355,482.99	$ 33,456.84	$ 49,678.48	$ 438,618.31
$ 123,150.81	$ 11,590.51	$ 17,020.41	$ 151,761.74
$ 123,150.81	$ 11,590.51	$ 17,020.41	$ 151,761.74
$ 123,150.81	$ 11,590.51	$ 17,020.41	$ 151,761.74
$ 246,301.63	$ 23,181.03	$ 34,040.82	$ 303,523.47
$ 710,965.99	$ 66,913.68	$ 99,356.96	$ 877,236.62

Description of transportation roles
Positions required for the execution or immediate availability of detainee transportation from the proposed facility to another location.

Transportation roles

Est. cost	Shift	Post desc.	Post count	Position	Days/week	Hrs/shift	Est. FTE	Est. wages	Est. benefits	Est. taxes	Est. cost
$ 438,618.31											
$ 438,618.31											
$ 219,309.16											
$ 219,309.16											
$ 219,309.16											
$ 219,309.16											
$ 877,236.62											
$ 877,236.62											
$ 877,236.62											
$ 877,236.62											
$ 877,236.62											
$ 877,236.62											
$ 438,618.31											
$ 438,618.31											
$ 219,309.16											
$ 438,618.31											
$ 438,618.31											
$ 219,309.16											
$ 219,309.16											
$ 219,309.16											
$ 219,309.16											
$ 196,669.41											
$ 196,669.41											
$ 219,309.16											
$ 219,309.16											



ATTACHMENT 23



U.S. Department of Homeland Security

U.S. Immigration and Customs Enforcement

Office of Detention and Removal Operations

CONTRACT DETENTION FACILITY

DESIGN STANDARDS

for IMMIGRATION AND CUSTOMS ENFORCEMENT

May 14, 2007

Performa

PLANNERS + ARCHITECTS + ENGINEERS

FINAL

U.S. DEPARTMENT OF HOMELAND SECURITY

U.S. Immigration and Customs Enforcement

Office of Detention and Removal Operations

CDF Design Standards for

Immigration and Customs Enforcement

Immigration and Customs Enforcement (ICE) is a component of the U.S. Department of Homeland Security (DHS). ICE brings a unified and coordinated focus to the enforcement of federal immigration laws, customs laws, and air security laws. ICE brings to bear all of the considerable resources and authorities invested in it to fulfill its primary mission: to detect vulnerabilities and prevent violations that threaten national security.

As an Operational Division of ICE, the Office of Detention and Removal Operations (DRO) is responsible for public safety and national security by ensuring the departure from the United States of all removable aliens and by enforcing the Nation's immigration laws.

Because of increasing demands on Service resources, ICE/DRO personnel must be able to share information rapidly and efficiently in order to succeed in fulfilling the Service mission.

In addition to this document, which establishes the ICE components within a Contract Detention Facility (CDF) Design Standards, other documents are being developed that provide additional related information for planning and design of Contract Detention Facilities (CDF). Other documents already complete include Design Standards for Health Services and Executive Office for Immigration Review (EOIR) Courts.

The U.S. Department of Homeland Security gratefully acknowledges the participation and input of the following individuals:

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Table of Contents

Page

1. **INTRODUCTION** 1.1
   Project Statement 1.2
   Design Standards Purpose 1.4
   Design Standards Organization 1.6

2. **ORGANIZATIONAL REQUIREMENTS** 2.1
   ICE Background 2.2
   ICE Function 2.4
   ICE Organization 2.6

3. **OPERATIONAL REQUIREMENTS** 3.1
   CDF Facility Organization 3.2
   ICE Staff Positions/Forecasts 3.4
   ICE Staff Position Descriptions 3.6

4. **FUNCTIONAL REQUIREMENTS** 4.1
   ICE Space Requirements 4.2
   1.0 Office Zone 4.5
   2.0 Court Interface Zone 4.197
   3.0 Detainee Living Zone 4.207
   4.0 Service Zone 4.247
   5.0 Facility Support Zone 4.297
   Technical Requirements 4.323

5. **APPENDIX** 5.1
   Reference Publications 5.2
   Acronyms and Abbreviations 5.3
   ICE Structured Cable Plant Standard v5.1 ..... 5.4

1. INTRODUCTION

Project Statement
Design Standards Purpose
Design Standards Organization

Project Statement

PROJECT INTENT

The U.S. Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE) are responsible for detaining those who have entered the United State illegally or violated their immigration status. Facilities used by DHS/ICE for detention are called Service Processing Centers (SPC's) or Contract Detention Facilities (CDF's). The purpose of these facilities is to provide a place of detention for aliens who are taken into custody pending completion of their deportation case, released on their own recognizance, or pending release.

IMMIGRATION AND CUSTOMS ENFORCEMENT

Immigration and Customs Enforcement (ICE) is an agency of the U.S. Department of Homeland Security (DHS). ICE brings a unified and coordinated focus to the enforcement of federal immigration laws, customs laws, and air security laws. ICE brings to bear the considerable size of its invested resources and authorities to fulfill its primary mission: *to detect vulnerabilities and prevent violations that threaten national security.*

The diagrams on page 1.3 provide an example of a Contract Detention Facility. The Pearsall CDF was built in 2005 and has a current bed capacity of 1900 beds with approximately 251,950 gross square feet. The site plan illustrates the facility's organization while the floor plan illustrates ICE, Contractor, and other Government Agency operated spaces.

It is the intent of this project to develop planning and design standards from which Contract Detention Facilities can be designed and built. The operational components within a CDF are derived from categorizing the personnel groups and service activities of a CDF. The level of security required determines how the components are organized. The side bar to the right lists the main operational components and functional areas within a CDF. This document establishes the planning and design guidelines within ICE's operational authority for the spaces highlighted to the right in orange. Spaces operated by Contract Operations or other Government Agencies (Health Services and Executive Office for Immigration Review) are highlighted in yellow or blue.

CDF Operational Components

1.0 Office Components

Normal office setting for administrative and public functions of the CDF. (They are located outside the secure perimeter.)

- Public Entrance/Lobby
- ICE Administration
- CDF Administration
- Office of the Principal Legal Advisor (OPLA)
- Removal
- Staff Services & Training

2.0 Court and Public/Detainee/Interface Components

This component includes the EOIR Court work area and courtroom space.

- Executive Office for Immigration Review (EOIR)
- Public/Detainee Visitation

3.0 Detainee Living Components

Located inside the secure perimeter they are used by the detainees during their normal daily routine.

- Detention Administration
- Security Command
- Detainee Housing (w/dining)
- Detainee Services
- Recreation
- Library

4.0 Service Components

Service functions for the CDF detainee population. They are typically placed in a secure area because detainees require frequent access to them or are given work details in these components.

- Processing
- Health Services
- Laundry
- Food Preparation

5.0 Facility Support Components

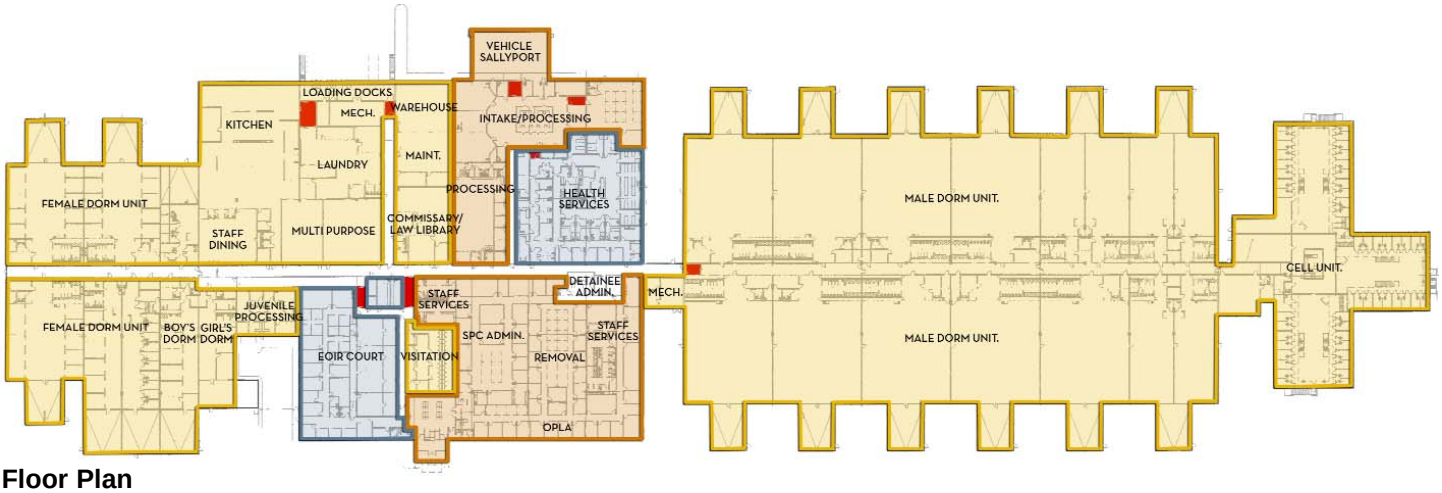
These elements support the facility but do not provide direct services to the detainees and may be located outside the secure perimeter.

- Warehouse/Supply
- Maintenance/Fleet Operations
- Central Utility Plant

EXAMPLE: Pearsall Contract Detention Facility, Pearsall, TX



Site Plan



Floor Plan

Pearsall Contract Detention Facility Facts

Total Facility Gross Square Feet =	251,950
Total Number of Beds =	1,200

Legend

- = ICE Operated
- = Contractor Operated
- = Other Government Owned
- = Secure Sallyport

Design Standards Purpose

PURPOSE OF THE DESIGN STANDARDS

The ICE Design Standards (hereafter referred to as the Standards) contains criteria and concepts for the planning and design of the ICE operated spaces within a CDF. The standards contain the *organizational*, *operational,* and *functional* requirements for only the ICE Components.

The purpose of the Standards, is to establish operational directions and architectural relationships for ICE spaces. The decisions made and policies adopted during the development of the Standards are intended to provide direction and guidance during the planning and design of existing and future Contract Detention Facilities, bringing standardization to CDF's as well as reducing the amount of effort and time required to plan, design, construct and activate a CDF.

USERS OF THE DESIGN STANDARDS

This document is intended for all individuals involved in the planning, design and construction of a CDF, including architects, engineers, contractors, DHS/ICE staff located at Headquarters, Regional, and District offices assigned to Detention and Removal and any other DHS agencies involved. This document is intended to communicate ICE requirements to service providers providing design, construction, and facility management services.

APPLICATION OF THE DESIGN STANDARDS

The architectural information contained in the ICE Design Standards should be viewed as ICE policy applicable to the design of all CDF facilities. It is intended to provide to the user clear guidance on project requirements, conceptual solutions, and specific technical details. The information is intended to focus the user on meeting ICE needs, to educate regarding design of ICE operated CDF's, and to establish design performance conditions as well as to provide design solutions.

The requirements in the Standards are generic in nature. Specific applications such as the mission of the proposed facility, site conditions, ability to receive service support from local communities and other institutions, and climactic differences must be considered.

The ICE Design Standards provide instructions that must be met, alternative acceptable solutions, and design issues the user should consider. For instructions that must be met, the user shall comply and provide final designs that meet these instructions. Alternative acceptable solutions provide the user with flexible choices to react to variations unique to the specific project. Issues being considered help the user understand the context of the problem and the needs of ICE.

The Design Standards are meant to be used as a guideline for the layout of the ICE Components. Design decisions must be coordinated through the ICE/DRO Facilities Management Unit. A review process will be established at the inception of each project, generally at the 30/60/90 percent design phases. ICE/DRO FMU will provide approvals after each stage.

Any deviations from the design standards must be approved by ICE/DRO FMU.

Design Standards Organization

ORGANIZATION OF THE ICE DESIGN STANDARDS
The ICE Design Standards are organized to provide conceptual and technical information in a structured manner.

The Design Standards document is organized for ease of use. The Standards are organized into five sections. Each section is designed to stand alone so it may be extracted for use in the planning and design process.

The side bar to the right briefly outlines the contents of each section of this document.

DESIGN STANDARDS DEVELOPMENT PROCESS
The design standards documented herein have been developed by selected representatives from ICE/DRO FMU.

The Standards Development Team reviewed and evaluated existing ICE standards documents and assessed existing Service Processing Centers and Contract Detention Facilities noting advantages and disadvantages of each ICE layout and their post occupancy evaluation.

The goal of the design standards is to enhance the organizational, operational, and functional efficiencies of ICE components and their functional areas.

Design Standards Contents

Section 1. Introduction
The Introduction identifies the overall function of a CDF and discusses the purpose and organization of the Design Standards.

Section 2. Organizational Requirements
This section of the Standards discusses the history of ICE and how it is organized within the Department of Homeland Security (DHS) as well as within a CDF.

Section 3. Operational Requirements
This section of the Standards discusses the physical relationships of ICE within a CDF. Staff positions are identified and quantity corresponds to the number of beds within the CDF.

Section 4. Functional Requirements
This section of the Standards discusses the spaces needed for each ICE Component and corresponding technical requirements (i.e. functional description, room or area photograph, space plan, material, and equipment list).

Section 5. Appendix
This section of the Standards contains a listing of reference publications and acronyms/abbreviations.

Design Standards Report Contents



Project Statement

Design Standards Purpose

Design Standards Organization



ICE Space Requirements

1.0 Office Zone

2.0 Court Interface Zone

3.0 Detainee Living Zone

4.0 Service Zone

5.0 Facility Support Zone



ICE Background

ICE Function

ICE Organization



Reference Publications

Acronyms and Abbreviations



CDF Organization

ICE Staff Positions/Organization

ICE Staff Position Descriptions

2. ORGANIZATIONAL REQUIREMENTS

ICE Background
ICE Function
ICE Organization

ICE Background

U.S. DEPARTMENT OF HOMELAND SECURITY
Homeland Security leverages resources within federal, state, and local governments, coordinating the transition of multiple agencies and programs into a single, integrated agency focused on protecting the American people and their homeland. More than 87,000 different governmental jurisdictions at the federal, state, and local level have homeland security responsibilities. The comprehensive national strategy seeks to develop a complementary systems connecting all levels of government without duplicating effort. Homeland Security is truly a “national mission.”

The organizational chart on the following page contains the major components that currently make up the Department of Homeland Security.



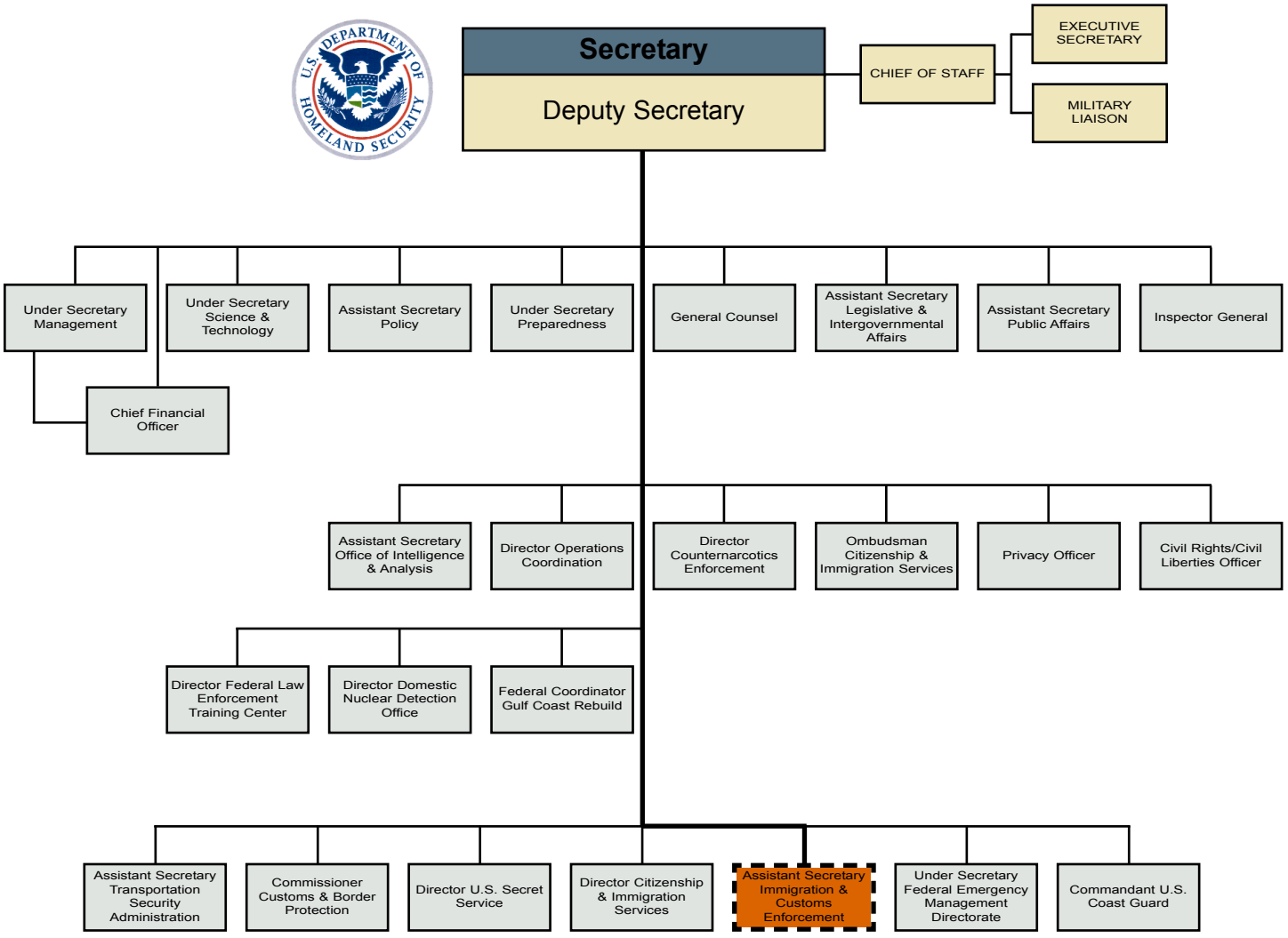
HISTORY OF ICE
ICE was formed pursuant to the Homeland Security Act of 2002 following the events of September 11, 2001. With the establishment of the Department of Homeland Security the functions and jurisdictions of several border and revenue enforcement agencies were combined and reconstituted into Immigration and Customs Enforcement. Consequently, ICE is the largest investigative arm of DHS, and the second largest contributor to the nation’s Joint Terrorism Task Force.



The agencies that were either moved entirely or merged in part, based upon their law enforcement functions, included the investigative and intelligence resources of the United States Customs Service, the law enforcement resources of the Immigration and Naturalization Service, and the United States Federal Protective Service. Consequently, ICE is also charged with the protection of federal buildings within the United States.



U.S. Department Homeland Security (DHS)
Organizational Chart



7/06

ICE Function

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
The United States Immigration and Customs Enforcement (ICE) is the largest investigative arm of the United Stated Department of Homeland Security (DHS) and is responsible for identifying and dismantling vulnerabilities regarding the nation's border, economic, transportation and infrastructure security. Employing approximately 15,000 people, ICE is charged with the enforcement of over 400 federal statutes within the United States and maintains attaches at major U.S. embassies overseas. As such, ICE Special Agents arguably possesses the broadest investigative authority within the United States Government. The mission of ICE is to protect America and uphold public safety by targeting the people, money and materials that support terrorist and criminal activities. ICE is led by an Assistant Secretary who is appointed by the President of the United States and confirmed by the U. S. Senate. The Assistant Secretary reports directly to the Secretary of Homeland Security.

The organizational chart on the following page contains the major components that make-up the Immigration and Customs Enforcement.

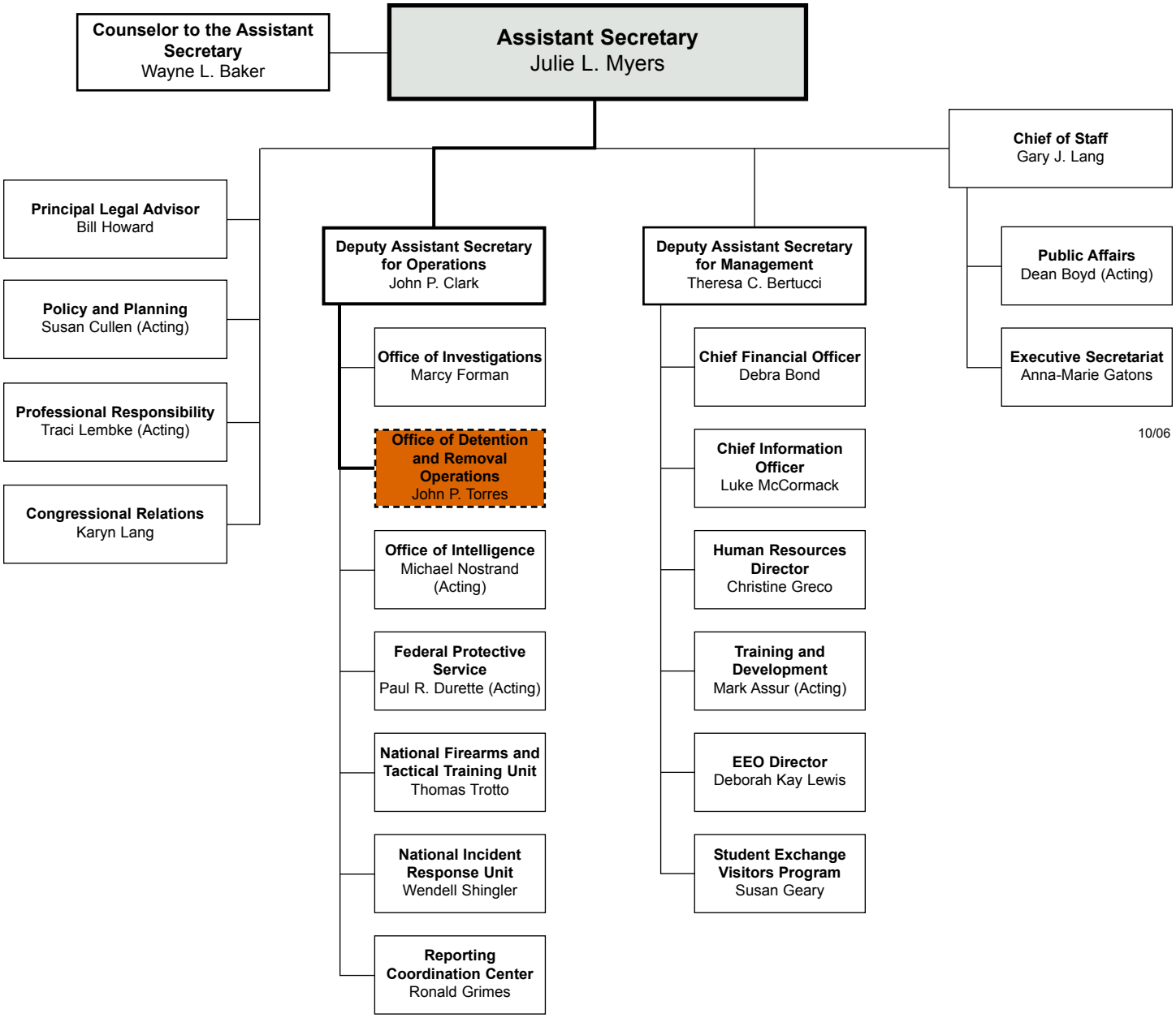








U.S. Immigration and Customs Enforcement (ICE)
Organizational Chart



ICE Organization

U.S. Immigration and Customs Enforcement is responsible for eliminating border, economic, transportation, and infrastructure security vulnerabilities. As such, the ICE organization is composed of four law enforcement divisions and several support divisions. These divisions of ICE combine to form a new investigative approach with new resources to provide unparalleled investigation, interdiction, and security services to the public and other law enforcement partners in the federal and local sectors.

The organizational chart on the following page contains the major components that make up a Contract Detention Facility. They include:

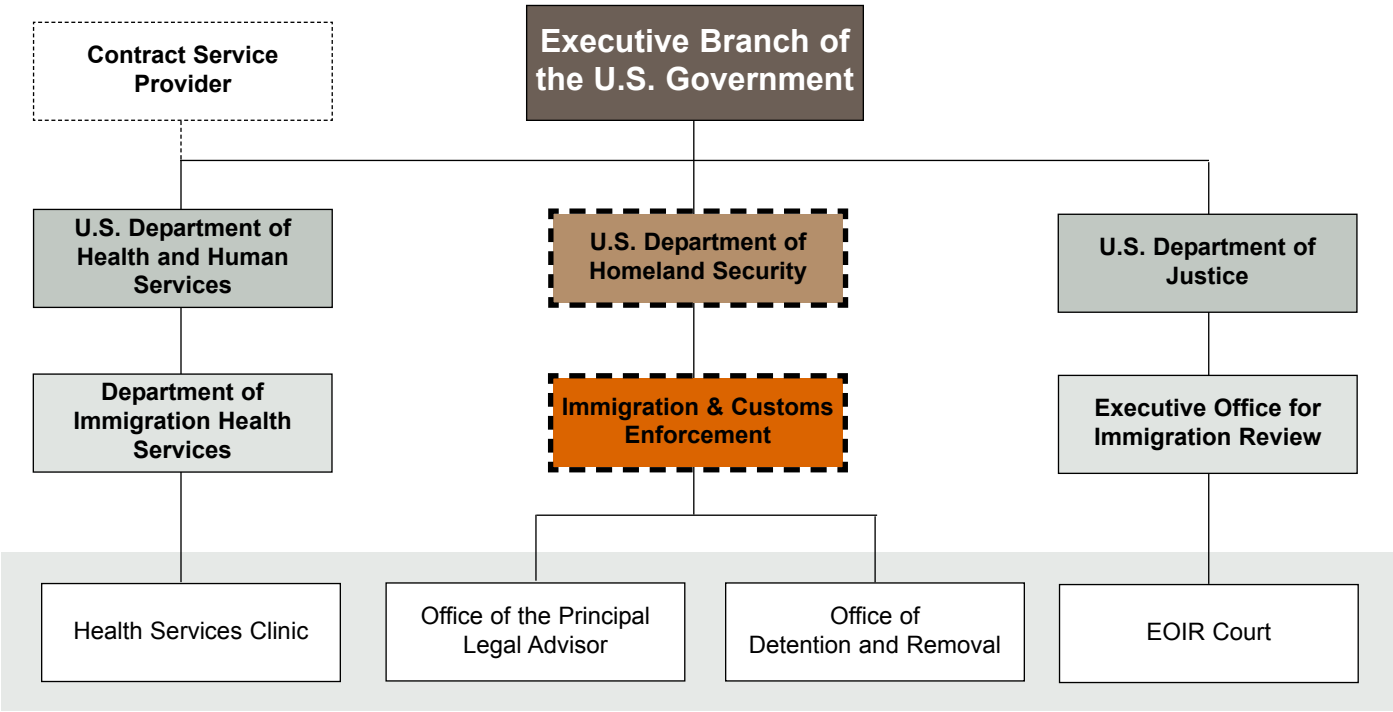
1. OFFICE OF DETENTION AND REMOVAL OPERATIONS (DRO)
DRO is responsible for public safety and national security by enforcing the nation's immigration laws and ensuring the departure from the United States of all removable aliens. DRO has Immigration Enforcement Agents (IEAs) that are the uniformed presence of immigration enforcement within the interior of the United States, whereas the U.S. Border Patrol is the uniformed presence of immigration at the border. DRO also have Deportation Officers who identify, apprehend, and remove aliens that are deportable from the United States. DRO has the Criminal Alien Program (CAP) that apprehends and removes criminal aliens in jails and prisons. DRO has also been mandated by Congress to reduce the number of fugitive aliens through its Fugitive Operations Program (FUGOPS), aliens that are still in the United States with an outstanding Warrant of Deportation. As such, ICE is partnered with the U.S. Marshals Service in operating JPATS, the Justice Prisoner and Alien Transportation System, otherwise known as Con-Air to remove criminal aliens from the United States. DRO also is in charge of detention of aliens who are in deportation proceedings and managing ICE and contract detention facilities.

2. OFFICE OF THE PRINCIPAL LEGAL ADVISOR (OPLA)
The Office of the Principal Legal Advisor (OPLA) within the Bureau of Immigration and Customs Enforcement (ICE) provides the full range of legal support, including core responsibilities for representing ICE before the Immigration Courts and the Board of Immigration Appeals.

3. EXECUTIVE OFFICE FOR IMMIGRATION REVIEW (EOIR)
The Executive Office for Immigration Review (EOIR) is and administrative tribunal that presides over all trial and appellate cases involving charges of immigration violations. On behalf of the Attorney General, EOIR exercises authority to interpret and administer Federal immigration laws and regulations through Immigration court proceedings, appellate reviews, and administrative hearings in certain types of immigration-related cases.

4. HEALTH SERVICES (HS)
The SPC/CDF is responsible for the health and welfare of individuals in its custody. This responsibility mandates the provision of medical staff to provide care to detainees at the SPC/CDF in accordance with the Legacy Immigration and Naturalization Service Health Care Program Policy Manual and in compliance with accreditation standards.

Contract Detention Facility (CDF)
Organizational Chart



Four agencies are present within the CDF: Detention and Removal Operations (DRO), Office of the Principal Legal Advisor (OPLA), Executive Office for Immigration Review (EOIR) and Health Services (HS). These groups' respective areas of responsibility are:

1. Office of Detention and Removal Operations (DRO) is part of the Department of Homeland Security and is responsible for managing the detainees, presenting cases for deportation and executing deportations.
2. Office of the Principal Legal Advisor (OPLA) is part of the Department of Homeland Security and is responsible for prosecuting cases against detainees in the EOIR Court.
3. Executive Office for Immigration Review (EOIR) is part of the Department of Justice and is responsible for conducting the court hearings.
4. Health Services (HS) is part of the Department of Health and Human Services and is responsible for providing health services.
   NOTE: In some instances Health Services are provided through the Contract Detention Service Provider.

3. OPERATIONAL REQUIREMENTS

CDF Organization
ICE Staff Positions/Forecasts
ICE Staff Position Descriptions

CDF Organization

A Contract Detention Facility (CDF) is a detention facility where the DHS/ICE detains those who have entered the United States illegally or violated their immigration status. The purpose of this facility is to provide a place of detention for aliens who are taken into custody pending completion of their deportation case, released on their recognizance, or pending release.

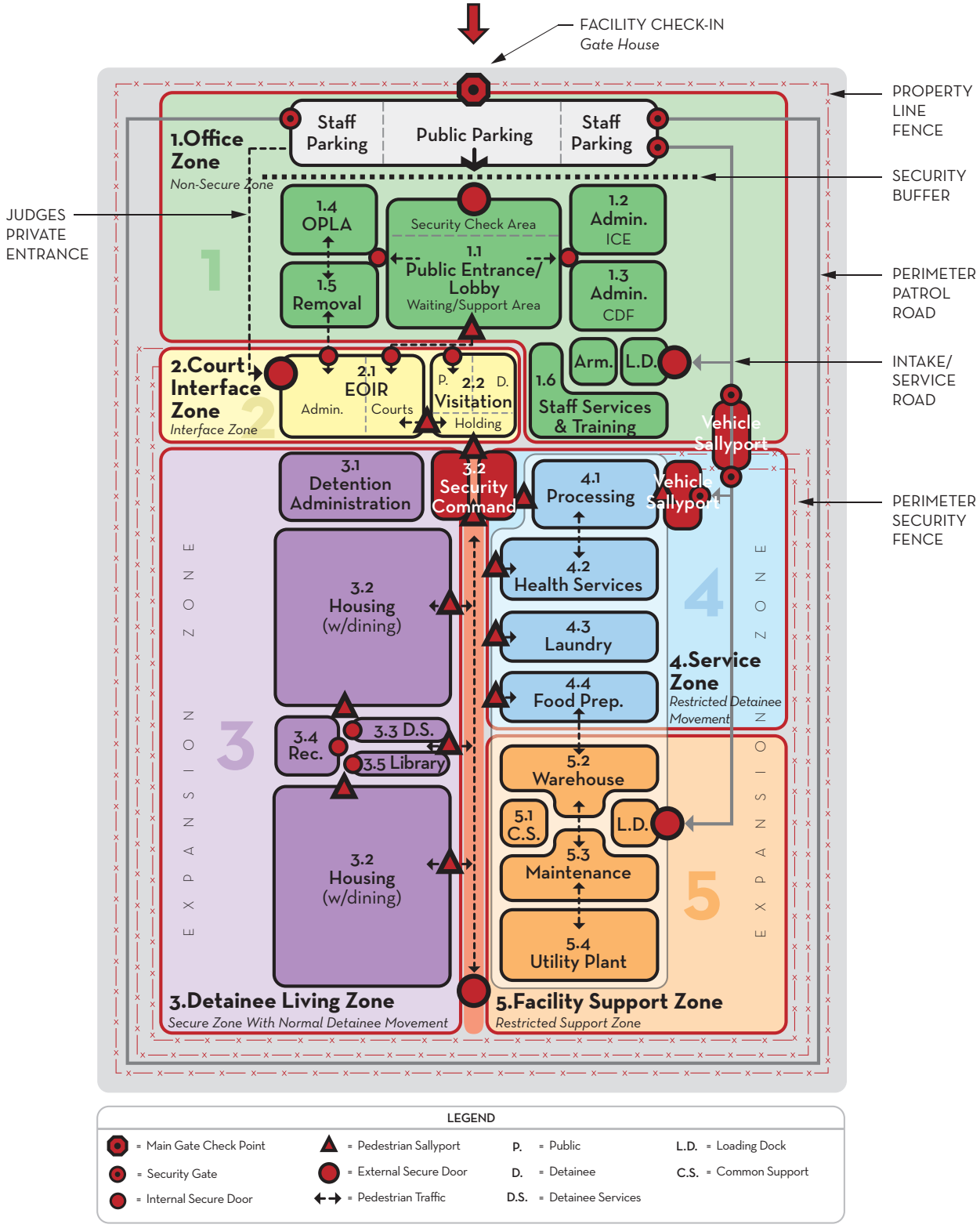
The diagram on the following page illustrates the organizational requirements for a CDF. The diagram illustrates the various components and respective security zones. The secure zones of the facility correspond to the degree of detainee and public access required in the components. The facility has five major operational zones, they include:

1.0 Office Zone
2.0 Court Interface Zone
3.0 Detainee Living Zone
4.0 Service Zone
5.0 Facility Support Zone

MANAGING AUTHORITY
CDF facilities are operated by private companies under contract to the DHS. These facilities must be organized and managed according to DHS/ICE-DRO standards.

CDF Operational Zones
1.0 Office Zone
The Office Zone provides a normal office setting for administrative and public functions of the CDF. Office components do not have direct contact with, or are used by the detainees performing functions outside of the primary secure perimeter. The Office Zone is a non-secure area located outside the secure perimeter but requiring screening and control of the public entering the area. Security provisions should be appropriate for any government office area with confidential information. Access needs to be controlled and the building envelope should be monitored to detect unauthorized entry, though it does not need special hardened construction. Direct emergency egress may be provided. Points of public or service access must be readily identifiable with proper signage. (Flagpoles are popular devices used to identify public entrances.) Access points (both public and service) require means of audible and visual communication with the controlling point, usually the Central Control.
2.0 Court Interface Zone
The Court Interface Zone includes the EOIR work area and courtroom space, and is an interface area between the court personnel, the Removal Unit, the public, and detainees under restraint. It is a secure interface zone. The area should be in its own secondary perimeter, contiguous with but separate from the main facility primary secure perimeter. Access will be by hardened commercial grade doorways, with special controls for general and emergency egress. The perimeter barriers, electronic controls, and procedures should be at the same level as the other secondary secure perimeters. (See EOIR Design Standards under separate cover.)
3.0 Detainee Living Zone
The Detainee Living Zone contains functions that are used by detainees during their normal daily routine. It is a secure zone with normal routine detainee movement within the primary secure perimeter. Components within this zone should be separated from each other by secondary secure perimeters. Detainee movement between each component will be monitored by housing security staff.
4.0 Service Zone
The Service Zone provides services necessary for supporting detainees while they live in the CDF. It is a zone that is located inside the primary secure perimeter with restricted detainee movement. Components should be separated from each other by secondary secure perimeters. Detainee movement to any component will be by direct escort or continuously monitored/ controlled movement with staff control of each individual detainee passing into or out of a component.
5.0 Facility Support Zone
The Facility Support Zone provides support to the facility, though not directly to the detainees, and generally are not accessed or occupied by detainees. It is a zone that is a restricted area limited to staff and service vendors who provide vital services to maintain functions of the facility.

CDF Organizational Diagram



ICE Staff Positions/Forecasts

ICE staff is assigned to specific components of the Office and Detainee Living Zones within a Contract Detention Facility (CDF). Contractor and other Government Agencies staff the remaining components.

For planning purposes, staff position forecasts have been developed for the zones and components for which ICE has responsibility/authority. The staff forecasts have been developed for the following detainee bed scenarios:

1. <200 beds
2. 200 - 450 beds
3. 450 - 900 beds
4. 900 - 1,200 beds
5. 1,200 - 1,500 beds
6. 1,500 - 1,800 beds
7. 1,800 - 2,000 beds
8. 2,000 - 3,000 beds

The Staff Forecasts Summary matrix illustrated on the following page, identifies the number of people, number of offices and number of workstations needed for each planning scenario. The staff forecast numbers represent a general rule and may vary based on the CDF's operational structure and geographic location. In all cases the staffing counts must be verified and approved by DHS/ICE-DRO.

The sidebar to the right identifies the five (5) zones within a CDF and for those containing ICE personnel provides general "rules of thumb" for calculating staff forecasts.

ICE Staff Forecast Calculations
1.0 Office Zone
Office of the Principal Legal Advisor (OPLA) ***Assistant Chief Counsel (ACC)*** *2.3 Assistant Chief Counsel's per one courtroom* ***Legal Technician*** *1 Legal Technician per 3 ACC's*
2.0 Court Interface Zone
Contractor Staffed
3.0 Detainee Living Zone
Detention Administration ***Detention Operations Supervisor (DOS)*** *at 3,000 2 FT DOS and 1 on second shift*
4.0 Service Zone
Contractor Staffed
5.0 Facility Support Zone
Contractor Staffed

ICE Staffing Requirements Summary

			< 200 Beds			200 - 450 Beds			450 - 900 Beds			900 - 1,200 Beds			1,200 - 1,500 Beds			1,500 - 1,800 Beds			1,800 - 2,000 Beds			3,000 Beds			Comments
			# of People	# of Offices	# of Wkstations	# of People	# of Offices	# of Wkstations	# of People	# of Offices	# of Wkstations	# of People	# of Offices	# of Wkstations	# of People	# of Offices	# of Wkstations	# of People	# of Offices	# of Wkstations	# of People	# of Offices	# of Wkstations	# of People	# of Offices	# of Wkstations	
1.0	**OFFICE ZONE**																									
	1.1	**Public Entrance/Lobby**																								
		Contract Staff																								
	1.2	**ICE Administartion**																								
		Officer in Charge (OIC)	1	1		1	1		1	1		1	1		1	1		1	1		1	1		1	1		
		Assistant Officer in Charge (AOIC)							1	1		1	1		1	1		1	1		2	2		2	2		
		Intellegence Officer							1	1		1	1		1	1		1	1		2	2		3	3		
		Supervisory Mission Support Specialists (SMSS)																						1	1		
		Chief Immigration Enforcement Agent (CIEA)							1	1		1	1		1	1		1	1		1	1		1	1		
		Mission Support Specialists (MSS)							1	1		1	1		1	1		2	2		4	4		4	4		
		Contracting Officer's Techincal Representitive (COTR)							1	1		2	2		2	2		3	3		3	3		4	4		
		ICE IT Specialist (space only)																									
		Mission Support Assistant (MSA)				1		1	2		2	2		2	2		2	2		2				2		2	
		Receptionist							1		1	1		1	1		1	1		1	1		1	1		1	
		Intellegence Research Specialist (IRS)										1	1		1	1		2	1		2	1		2	1		red indicates shift work (use same office)
		OIC Secretary							1		1	1		1	1		1	1		1	1		1	1		1	
	1.3	**CDF Administration**																								
		Contract Staff																								
	1.4	**OPLA**		*1 # of Immigration Judges*			*2 # of Immigration Judges*			*3 # of Immigration Judges*			*5 # of Immigration Judges*			*7 # of Immigration Judges*			*8 # of Immigration Judges*			*10 # of Immigration Judges*			*15 # of Immigration Judges*		
		Deputy Chief Counsel							1	1		1	1		1	1		1	1		1	1		1	1		
		Assistant Chief Counsel (ACC) (2.3/courtroom)	3	3		5	5		7	7		12	12		17	17		19	19		24	24		36	36		
		Legal Technicians (1 per 3 ACCs)	1		1	2		2	3		3	4		4	6		6	7		7	8		8	12		12	
		Mail/File Clerk							1		1	1		1	1		1	1		1	1		1	1		1	
	1.5	**Removal**																								
		Supervisory Detention & Deportation Officer (SDDO)	1	1		2	2		3	3		4	4		5	5		6	6		7	7		10	10		
		Deportation Officer (DO)	3	3		6	6		12	12		16	16		20	20		24	24		27	27		40	40		
		Deportation Removal Assistant (DRA)	3		3	6		6	12		12	16		16	20		20	24		24	27		27	40		40	
	1.6	**Staff Services & Training**																								
		Training Officer							1	1		1	1		1	1		1	1		1	1		1	1		
2.0	**COURT INTERFACE ZONE**																									
	2.1	**EOIR Court**																								
		EOIR Staff																								
	2.2	**Public/Detainee Visitation**																								
		Contract Staff																								
3.0	**DETAINEE LIVING ZONE**																									
	3.1	**Detention Administration**																								
		Detention Operations Supervisor (DOS)				1	1		2	1		2	1		2	1		2	1		2	1		3	2		at 3,000 2 FT DOS and 1 on second shift
		Supervisory Immigration Enforcement Agent (SIEA)	1	1		2	2		3	2		3	2		4	2		5	3		6	3		8	4		red indicates shift work (use same office)
		Immigration Enforcement Agent (IEA)	5		5	10		10	20		15	24		18	30		23	36		27	40		30	60		45	75% positions = workstation on shift work
	3.2	**Detainee Housing w/ Dining**																								going both ways between Processing
		Contract Staff																								
	3.3	**Detainee Services**																								
		Contract Staff																								
	3.4	**Recreation**																								
		Contract Staff																								
	3.5	**Library**																								
		Contract Staff																								
4.0	**SERVICE ZONE**																									
	4.1	**Processing**																								
		Contract Staff																								
	4.2	**Health Services**																								
		Health Services Staff																								
	4.3	**Laundry**																								
		Contract Staff																								
	4.4	**Food Preparation**																								
		Contract Staff																								
5.0	**FACILITY SUPPORT ZONE**																									
	5.1	**Common Support**																								
		Contract Staff																								
	5.2	**Warehouse**																								
		Contract Staff																								
	5.3	**Maintenance**																								
		Contract Staff																								
	5.4	**Central Utility Plant**																								
		Contract Staff																								
			18			**36**			**75**			**96**			**119**			**141**			**161**			**234**			

ICE Staff Position Descriptions

STAFF DESCRIPTIONS
The following provides a listing of the ICE staff positions required to operate a CDF. The information is organized by facility zone, providing the position title and description.

It should be noted that generally a CDF is staffed by the following agencies:

- ICE
- Contractor/Facility Operator
- Other Government Agencies
  - Executive Office for Immigration Review (EOIR)
  - Health Services (HS)

ICE Staff Positions

1.0 Office Zone

1.2 ICE Administration

Officer In Charge (OIC)
The Officer In Charge is the highest ranking officer at the CDF and has ultimate authority and responsibility at the site. The OIC oversees all CDF activities including those of contract personnel.

Assistant Officer In Charge (AOIC)
The Assistant Officer In Charge is the second ranking officer at the CDF. They have responsibility for administrative and operations activities as directed by the OIC.

Supervisory Mission Support Specialists (SMSS)
The SMSS position is responsible for supervising administrative positions who provide services in direct support of operational programs. The work provides complex administration services and supports and significantly affects the program's operations and objectives. Specific responsibilities include:

- Assigns and explains work to subordinate staff.
- Coordinates with other unit supervisors and peers to establish unit objectives, goals, priorities, and deadlines.
- Adjusts work to meet new priorities or changing program requirements within available resources.
- Establishes production standards and prepares performance work plans and appraisals.
- Resolves complaints and grievances

Intelligence Officer

Chief Immigration Enforcement Agent (CIEA)

Mission Support Specialists (MSS)
The MSS provides expert level advice in administrative specialty areas; and serves as a trouble-shooter, providing authoritative guidance on problems not susceptible to treatment by accepted methods. Specific duties include:

- Provides advice, assistance and guidance to supervisors, managers, and employees on complex and sensitive issues.
- Conducts studies on new requirements in program operations, legislation, or agency regulations.
- Responds to changes in judicial and/or administrative law and policy as well as to conflicting goals and objectives.
- Evaluates pertinent legislation and new policies or directives from DHS or other agencies.
- Conducts studies concerning organization-wide and/or government-wide management issues; develops program policies and procedures as required.

Mission Support Assistant (MSA)
The MSA position is to provide clerical support to the Mission Support Team. The MSA is a member of a cross-functional team to utilize resources and develop expertise in several mission support areas, and may work in one or more of the following areas:

ICE Staff Positions
1.0 Office Zone
1.2 ICE Administration cont.

- Public Affairs - gathers information for use in press releases; assembles, formats and reproduces documents.
- LAN Administration - tasks related to maintaining and operating the local area network and other office automation.
- Financial and Budget - gathers and compiles data, and prepares various budget documents for budget requests, reprogramming and fund transfers. Prepares budget and accounting reports, maintains financial records.
- Logistics and Procurement - maintains a variety of log's and records related to the organization's property management and space utilization.
- Human Resources - prepares requests, as directed, for a variety of personnel actions utilizing the appropriate automated systems.
- General Management Support - establishes and maintains a variety of records and files.

Contracting Officer's Technical Representative (COTR)

ICE Information Technology Specialist (Space Only)
The IT Specialist serves as a senior management advisor regarding IT systems and information; leads major agency-wide IT policy development efforts; coordinated policy dissemination, manages policy maintenance, and develops mechanisms to measure policy effectiveness and compliance. Specific responsibilities include the following:

- Develops policies, guidelines, and standards for the planning, development, integration and implementation of IT systems and subsystems.
- Analyzes statutory requirements against existing directives to assess degree of change necessary to comply with new requirements.
- Manages special projects that have impact on the delivery of customer support services.
- Leads quick response teams in responding to customer service problems resulting from catastrophic events.
- Explores ways to upgrade or enhance the level of service provided.
- Acquires IT hardware and software, services and maintenance of IT contracts.
- Conducts IT strategic planning and project management.

Receptionist

Intelligence Research Specialist (IRS)
The IRS serves as an expert and engages in developing sources of information for intelligence collection for projecting data and/or estimates of future situations, developing trends, patterns, profiles, estimates, studies and tactical data. Specific duties include the following:

- Developing intelligence collection plans which support specific programs and activities.

ICE Staff Positions
1.0 Office Zone
1.2 ICE Administration cont.

- Conducting studies and preparing staff reports, delivering briefings to managers to encourage understanding and acceptance of findings and recommendations.
- Reviews, processes and evaluates intelligence information from a variety of sources.
- Participates in and/or develops intelligence collection plans

OIC Secretary
The OIC Secretary is the senior administrative assistant and has the primary function of assisting the OIC in all administrative matters. The OIC Secretary may also serve the AOIC, schedule meetings and executive conference room use, and arrange for travel for the OIC.

1.4 Office of the Principal Legal Advisor (OPLA)

Deputy Chief Counsel
The Deputy Chief Counsel is responsible for assisting the Chief Counsel in the management of the Office of the Chief Counsel (OCC), and its offices within the detention facilities. Specific responsibilities include the following:

- Serves as first line supervisor to the attorney staff
- Serves as first line supervisor to the support staff
- Manages and assigns duties
- Provides and oversees the provision of legal advice to the Office of Detention and Removal (DRO) and other DHS components
- Provides and oversees the provision of litigation support, legal assistance, and legal advice to the U.S. Attorney's Office in the litigation of petitions for review before the circuit courts
- Researches and oversees the research of legal and policy issues
- Writes and oversees the writing of memoranda, briefs, legal opinions, letters, reports and other documents

Assistant Chief Counsel (ACC)
The Assistant Chief Counsels (ACCs) are principally responsible for representing the Department in removal proceedings before immigration courts and the Board of Immigration Appeals. Specific responsibilities include the following:

- Reviews, prepares and presents cases for trial and on appeal
- Represents the Department in meetings, conferences and other forums
- Provides legal advice to the Office of Detention and Removal (DRO) and other DHS components
- Provides litigation support, legal assistance, and legal advice to the U.S. Attorney's Office in the litigation of civil and criminal cases
- Researches legal and policy issues

ICE Staff Positions

ICE Staff Positions
1.0 Office Zone
1.4 Office of the Principal Legal Advisor (OPLA) cont.
- Drafts memoranda, briefs, legal opinions, letters, reports and other documents **Legal Technician** The Legal Technicians provide direct support to the Deputy Chief Counsel and Assistant Chief Counsels. Specific responsibilities include the following: - Receives, screens, sorts, distributes and sends out mail - Types legal documents - Prepares and files motions, briefs, exhibits and other documents - Receives phone calls - Retrieves and distributes A-files for immigration court hearings, and related matters - Uses computers for data entry, tracking and ordering A-files and typing legal documents - With attorney supervision, drafts simple motions, responses, letters and other documents **Mail/File Clerk** The Mail/File Clerk is responsible for receiving, sorting and distributing correspondence and files received through incoming mail, pulling and sorting files based on calendars received from the Immigration Court and General Attorneys and reviewing and dispatching all outgoing mail. The Mail/File Clerk is in the Legal Proceedings unit under direct supervision of the District Counsel or Senior Legal Technician. Specific responsibilities include the following: - Reads incoming correspondence and notes all references to previous correspondence. - Screens mail for priority items such as bond papers - Charges files into and out of Legal Proceedings Unite using AFACS local file tracking software system. - Files case files and secures related material or files from other sections of the District Office and other Service offices. - Pulls and sorts files for each case calendared for hearing based on Immigration Court and General Attorney provided calendars - As appropriate, receives and screens telephone calls requesting files and information from files. - Receives all materials for mailing out of unit - Types information into computer relating to files and documents in an effort to retrieve files - As appropriate, keeps and compiles statistical data for monthly unit reports - Performs other duties as assigned
1.5 Removal Unit
Supervisory Detention & Deportation Officer (SDDO) The SDDO provides administrative and technical supervision to DO's, IEA's and clerical personnel. Specific responsibilities include the following:

ICE Staff Positions
1.0 Office Zone
1.5 Removal Unit cont.
- Serves as principal advisor on all administrative management matters associated with programs and operations for a significant organizational segment of the agency. - Interprets and recommends administrative procedures and policies. - Advises on the administrative feasibility of operating plans, suggestions, and proposals. - Sets the overall objectives and resources available (in-house or contract) - This position requires the carrying of a firearm. **Deportation Officer (DO)** The DO position performs law enforcement functions related to both criminal and non-criminal aliens in the United States who are at various stages of their deportation/exclusion proceedings. DO's work closely with ICE law enforcement officers and attorneys as well as with US Attorney Offices in identifying, locating, apprehending, and/or prosecuting aliens, developing and coordinating intelligence, and defending deportation of exclusion proceedings. Specific duties of the Deportation Officer are as follows: - Performs case management of alien custody until deportation. - Fugitive Operations and Investigations - establishes an investigative plan to identify, locate and/or apprehend aliens in the US; conducts undercover assignments; plans and directs surveillance work. - Intelligence Information Processing - analyzes intelligence reports, collects and analyzes multiple intelligence sources. - Detention and deportation hearing participation. **Deportation Removal Assistant (DRA)** The primary function of the DRA is to provide clerical and administrative support to the Detention and Removal Program. The duties require the position to have access to classified files, materials that consist of enforcement of laws and regulations, pertaining to the detention and removal of detainees. - Under the guidance of a supervisor, the DRA performs routine and recurring processing functions related to the admission and release of detainees. - Participates in routine and basic counseling process under the supervision of higher grade personnel. - Provides routine information on questions and issues regarding detention and deportation policies, practices, and procedures. - Performs file searches and assembles documentation in accordance with specific instructions.
1.6 Staff Services/Training
Training Officer

ICE Staff Positions
3.0 Detainee Living Zone
3.1 Detention Administration
Detention Operations Supervisor (DOS)
Supervisory Immigration Enforcement Agent (SIEA) The SEIA is a first-line supervisor for conducting day-to-day operations, as well as, short and medium range planning and evaluation of a variety of enforcement functions associated with investigations, identification, apprehension, prosecution, detention, and deportation of aliens and criminal aliens, and apprehension of absconders from removal proceedings. Specific duties include: - Directly supervises a work unit with a small to medium sized staff and performs a full range of supervisory functions. - Plans and schedules work on a daily, weekly, and monthly basis. - Monitors and evaluated employees work. - Monitors and evaluates the delivery of service to customers and the methods and techniques to provide them. - Forecasting, requesting and managing the unit's annual budget. - Performs the law enforcement duties prescribed for the IEA position.
Immigration Enforcement Agent (IEA) The IEA is responsible for a variety of enforcement functions related to investigations, identification, apprehension, prosecution, detention, and deportation of aliens and criminal aliens, and apprehension of absconders from removal proceedings. IEA's regularly enter hostile situations and may be required to make decisions affecting life, well being, and/or civil liberties of aliens, the public and other law enforcement officers. Specific duties include: - Processing and deporting or escorting aliens, under final order of removal, to their country of citizenship. - Detention functions associated with ensuring detainee care, intake and outtake processing, counseling, and supervision and transportation of aliens. - Prosecution activities including initiating criminal proceedings. - Determining alienage and fugitive operations; locates and arrests aliens who may or may not have a criminal background. - Operational support processes for aliens who have been apprehended by others.

4. FUNCTIONAL REQUIREMENTS

ICE Space Requirements
1.0 Office Zone
2.0 Court Interface Zone
3.0 Detainee Living Zone
4.0 Service Zone
5.0 Facility Support Zone
Technical Requirements

ICE Space Requirements

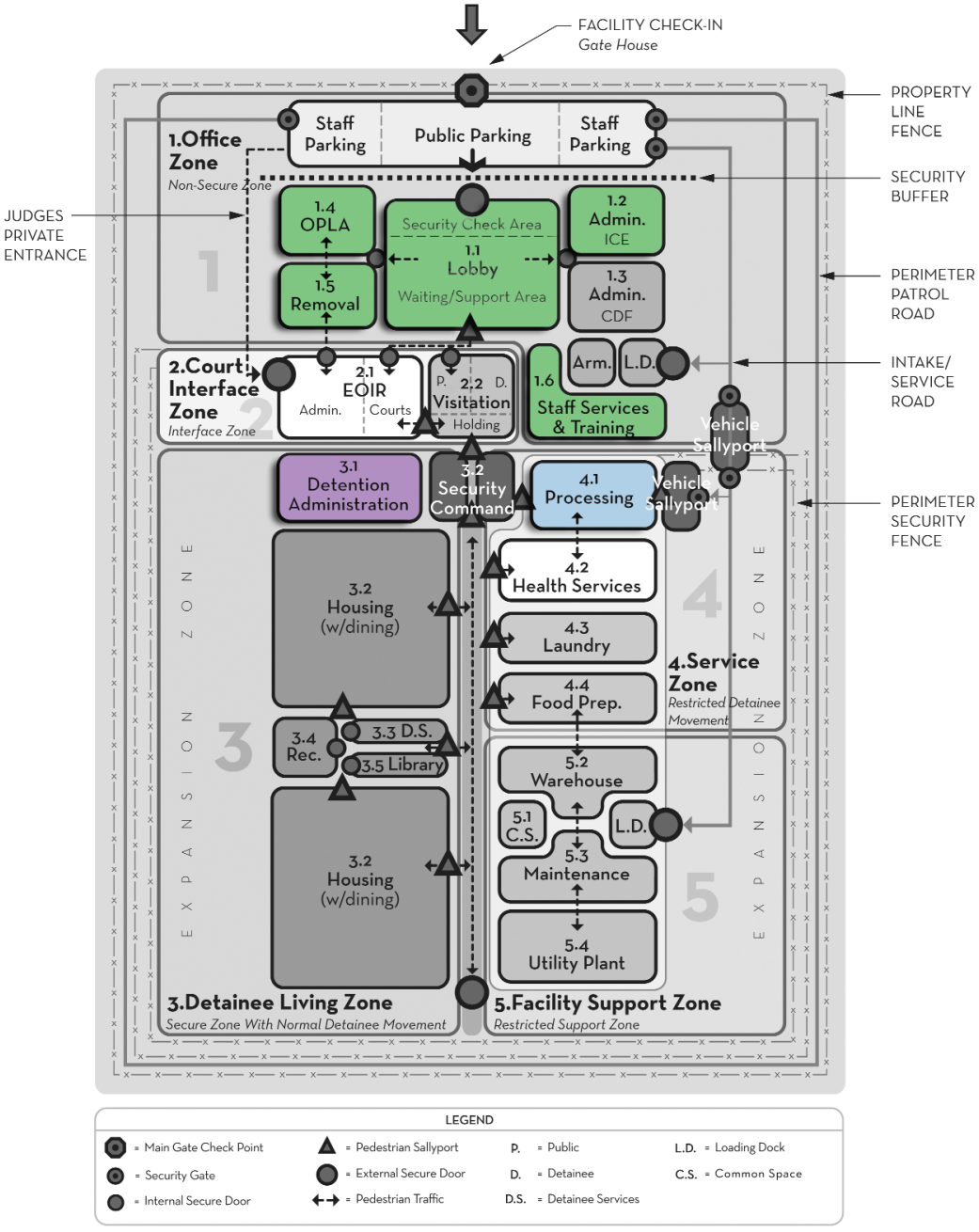
FUNCTIONAL REQUIREMENTS

The functional requirements defined in this document contain the ICE space requirements, adjacencies, and critical work-flow patterns of the Office, Detainee Living, and Facility Service zones of the CDF. The Court Interface and Facility Support zones do not have any ICE space requirements and can be found under separate cover.

The matrix on the following page summarizes the Net and Gross square footages for each of the components within the four ICE operated zones. Sub-sections that follow provide a breakdown of specific details for each of the components.

CDF FACILITY MODEL

The CDF Facility Model diagram to the right represents the zones and components of a CDF. The zones and components operated by ICE are highlighted with color.



ICE Space Requirements Summary

Bed Forecast Scenarios

CDF User Groups			< 200 Beds		200-450 Beds		450-900 Beds		900-1,200 Beds		1,200-1,500 Beds		1,500-1,800 Beds		1,800-2,000 Beds		3,000 Beds	
			Total NSF	Total GSF	Total NSF	Total GSF	Total NSF	Total GSF	Total NSF	Total GSF	Total NSF	Total GSF	Total NSF	Total GSF	Total NSF	Total GSF	Total NSF	Total GSF
1.0	**Office Zone**		**5,484**	**7,297**	**7,972**	**10,515**	**12,317**	**16,197**	**15,100**	**19,854**	**17,934**	**23,576**	**20,007**	**26,293**	**22,394**	**29,430**	**29,202**	**38,366**
	1.1	Public Entrance/Lobby	809	1,133	853	1,194	896	1,254	940	1,315	983	1,376	1,027	1,437	1,070	1,498	1,157	1,620
	1.2	ICE Administration	515	685	580	771	820	1,091	1,035	1,377	1,035	1,377	1,035	1,377	1,025	1,363	1,305	1,736
	1.3	CDF Administration																
	1.4	OPLA	1,240	1,649	1,640	2,181	2,365	3,145	3,329	4,428	4,417	5,875	5,013	6,667	6,013	7,997	8,295	11,032
	1.5	Removal Unit	1,140	1,516	1,925	2,503	3,480	4,524	4,475	5,818	5,470	7,111	6,415	8,340	7,244	9,417	10,324	13,421
	1.6	Staff Services/Training	1,780	2,314	2,974	3,866	4,756	6,183	5,321	6,917	6,029	7,838	6,517	8,472	7,042	9,155	8,121	10,557
2.0	**Court Interface Zone**																	
	2.1	EOIR Court																
	2.2	Public/Detainee Visitation																
3.0	**Detainee Living Zone**		**1,415**	**1,953**	**2,020**	**2,788**	**2,345**	**3,236**	**2,690**	**3,712**	**3,015**	**4,161**	**3,405**	**4,699**	**3,600**	**4,968**	**4,855**	**6,700**
	3.1	Detention Administration	1,415	1,953	2,020	2,788	2,345	3,236	2,690	3,712	3,015	4,161	3,405	4,699	3,600	4,968	4,855	6,700
	3.2	Detainee Housing (w/Dining)																
	3.3	Detainee Services																
	3.4	Recreation																
	3.5	Library																
4.0	**Service Zone**		**1,542**	**2,159**	**1,602**	**2,243**	**1,722**	**2,411**	**1,764**	**2,470**	**1,866**	**2,612**	**2,088**	**2,923**	**3,246**	**4,544**	**3,588**	**5,023**
	4.1	Processing	1,542	2,159	1,602	2,243	1,722	2,411	1,764	2,470	1,866	2,612	2,088	2,923	3,246	4,544	3,588	5,023
	4.2	Health Services																
	4.3	Laundry																
	4.4	Food Preparation																
5.0	**Facility Support Zone**		**300**	**390**	**300**	**390**	**300**	**390**	**300**	**390**	**300**	**390**	**300**	**390**	**300**	**390**	**300**	**390**
	5.1	Common Support	300	390	300	390	300	390	300	390	300	390	300	390	300	390	300	390
	5.2	Warehouse/Supply																
	5.3	Maintenance/Fleet Operations																
	5.4	Central Utility Plant																
Total			**7,326**	**9,846**	**9,874**	**13,148**	**14,339**	**18,998**	**17,164**	**22,714**	**20,100**	**26,578**	**22,395**	**29,606**	**25,940**	**34,365**	**33,090**	**43,780**

Color = ICE Operated

White = Other Agency Operated

Gray = Contractor Operated

1.0 Office Zone

1.1 Public Entrance/Lobby (ICE Responsibility)
1.2 ICE Administration (ICE Responsibility)
1.3 CDF Administration (Contractor Responsibility)
1.4 Office of the Principal Legal Advisor (OPLA) (ICE Responsibility)
1.5 Removal Unit (ICE Responsibility)
1.6 Staff Services and Training (ICE Responsibility)

1.0 Office Zone

The Office Zone provides a normal office setting for administrative and public functions of the CDF. Office components do not have direct contact with, or are used by the detainees performing functions outside of the primary secure perimeter. The Office Zone is a non-secure area located outside the secure perimeter but requiring screening and control of the public entering the area. Security provisions should be appropriate for any government office area with confidential information. Access needs to be controlled and the building envelope should be monitored to detect unauthorized entry, though it does not need special hardened construction. Direct emergency egress may be provided. Points of public or service access must be readily identifiable with proper signage. (Flagpoles are popular devices used to identify public entrances.) Access points (both public and service) require means of audible and visual communication with the controlling point, usually the Central Control.

The Office Zone does not have direct contact with, and is not used by, the detainees. Office Zone functions are performed outside of the primary security perimeter.

The diagram on the following page illustrates the Office Zone components and the critical adjacency requirements for a productive work environment. It is highly recommended that the functional adjacencies be followed as close as possible when designing the space.

The following information has been provided for each of the components:

Function
Describes the overall purpose of the component within the CDF.

Critical Workflow Patterns
Identifies the most critical workflow patterns necessary for efficient staff productivity.

Room Data Sheets
Provides detailed information on all spaces within the components (i.e., function statements, photograph, floor plan, systems, furniture, and equipment)

The components within the Office Zone are listed below:

1.1 Public Entrance/Lobby (ICE Operated)
Spaces designated for receiving and supporting public visitors within the CDF.

1.2 ICE Administration (ICE Operated)
Headed by the Facility Administrator directing and managing the CDF, including the staff and spaces required for this function.

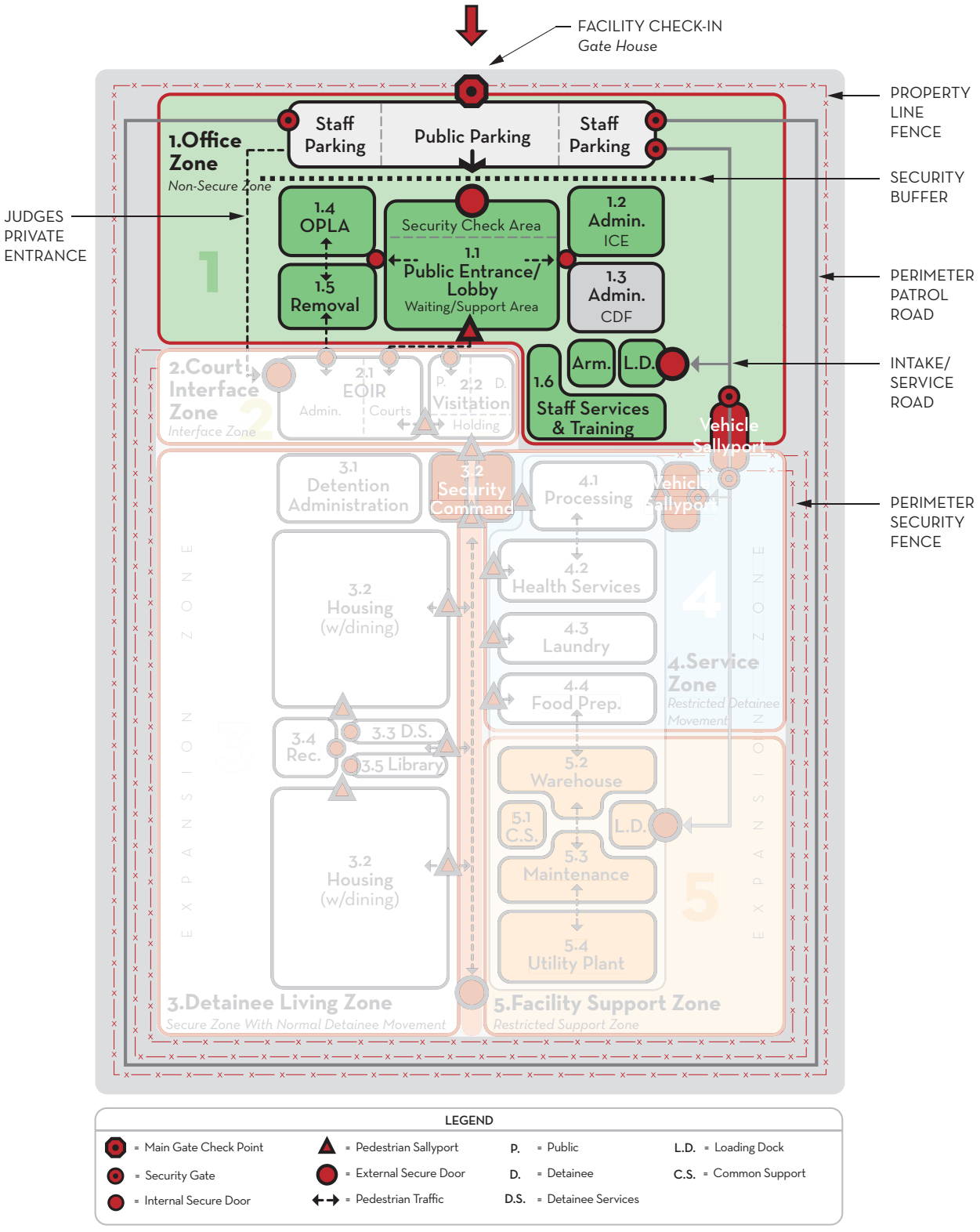
1.3 CDF Administration (Contractor Operated)
Contractor retained by DHS/ICE to operate the CDF.

1.4 Office of the Principal Legal Advisor (OPLA) (ICE Operated)
Attorneys that prosecute the cases.

1.5 Removal Unit (ICE Operated)
Staff, activities, and spaces of the Removal section of Detention and Removal Operations (DROP) within the CDF.

1.6 Staff Services/Training (ICE Operated)
Spaces to be used for training and those areas used exclusively by the employees.

1.0 Office Zone : Organizational Diagram



1.0 Office Zone - Space Requirements

SPACE FORECAST MATRIX

The Space Requirements Summary Matrix on the following page, identifies the spaces needed for each of the functional units within the Office Zone. The matrix is also designed to forecast these needs for the following planning scenarios:

1. <200 beds
2. 200 - 450 beds
3. 450 - 900 beds
4. 900 - 1,200 beds
5. 1,200 - 1,500 beds
6. 1,500 - 1,800 beds
7. 1,800 - 2,000 beds
8. 2,000 - 3,000 beds

The bed ranges were determined to best represent the capacity range for existing and planned detainee populations.

For each planning scenario, the following information is provided:

- # of Users is the number of persons (staff or detainees) in a given space.
- # of Spaces is the quantity of a given space.
- Space Size NSF is the net square feet or size of a given space.
- Total Size NSF is the number of spaces or quantity of a space times the NSF or size.

The sidebar to the right highlights some of the Space Planning Formulas that are used for calculating areas.

SPACE CALCULATIONS/DEFINITIONS

The total Net Square Footage is the sum of all net areas of the spaces listed. This number is multiplied by a Net-Gross Factor (an industry factor based on space type) to determine Gross Square Footage (GSF). This factor is intended to account for space such as circulation space, mechanical space, wall thicknesses, etc., that are not programmed space.

- **Net Square Footage (NSF)**
  Total clear floor area within a given room, excluding walls, corridors, mechanical equipment rooms, shafts, stairs, and chases.
- **Gross Square Footage (GSF)**
  Total building area measured from outside face of exterior walls.

Space Planning Formulas

1.1 Public Entrance/Lobby
- Number of weapons lockers = total gun carrying staff + 20 visitors

1.2 ICE Administration
- None

1.3 CDF Administration
- None

1.4 Office of the Principal Legal Advisor (OPLA)
- Immigration Judges = 1 per each 200 detainees
- Assistant Chief Counsel Offices = 2.3 per each courtroom
- Legal Technicians = 1 per each 3 Assistant Chief Counsels positions

1.5 Removal Unit
- 1 file cabinet for each 60 detainees

1.6 Staff Services/Training
- Number of lockers:
  - 1 for each uniformed person + 1 for each 4 non-uniformed staff
  - Male/Female split = 85/15
- Number of showers = 1 for each 15 lockers

1.0 Office Zone - Space Requirements Summary

ID#	1.0 OFFICE ZONE / SPACE NAME	ICE CDF STANDARD NSF	Unit of Measure	< 200 BEDS # of Users	< 200 BEDS # of Spaces	< 200 BEDS Space Size NSF	< 200 BEDS Total NSF	200-450 BEDS # of Users	200-450 BEDS # of Spaces	200-450 BEDS Space Size NSF	200-450 BEDS Total NSF	450-900 BEDS # of Users	450-900 BEDS # of Spaces	450-900 BEDS Space Size NSF	450-900 BEDS Total NSF	900-1200 BEDS # of Users	900-1200 BEDS # of Spaces	900-1200 BEDS Space Size NSF	900-1200 BEDS Total NSF	1200-1500 BEDS # of Users	1200-1500 BEDS # of Spaces	1200-1500 BEDS Space Size NSF	1200-1500 BEDS Total NSF	1500-1800 BEDS # of Users	1500-1800 BEDS # of Spaces	1500-1800 BEDS Space Size NSF	1500-1800 BEDS Total NSF	1800-2000 BEDS # of Users	1800-2000 BEDS # of Spaces	1800-2000 BEDS Space Size NSF	1800-2000 BEDS Total NSF	3000 BEDS # of Users	3000 BEDS # of Spaces	3000 BEDS Space Size NSF	3000 BEDS Total NSF	Comments
1.1	**Public Entrance/Lobby**																																			
1.1.1	Vestibule	60			1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60	
1.1.2	Visitor Check In/Prescreening Area	80	sf		1	80	80		1	80	80		1	80	80		1	80	80		1	80	80		1	80	80		1	80	80		1	80	80	*Queing/stacking for visitors ahead of scanner/metal detector*
1.1.3	Weapons Drop Room	120	sf	28	1	120	120	36	1	120	120	48	1	120	120	52	1	120	120	68	1	120	120	76	1	120	120	84	1	120	120	116	1	120	120	*for Officers; ahead of scanning equip.; out of public view*
1.1.4	Visitor Property Lockers	1.75	sf/locker	8	1	1.75	14	10	1	2	18	12	1	1.75	21	14	1	1.75	25	16	1	1.75	28	18	1	1.75	32	20	1	1.75	35	24	1	1.75	42	*ahead of scanning/metal detection equipment*
1.1.5	Visitor Security Check-In Area	80	sf		1	80	80		1	80	80		1	80	80		1	80	80		1	80	80		1	80	80		1	80	80		1	80	80	*Validate by geographic location*
1.1.6	Recepetion/Security Post	40	sf/position	1	1	40	40	1	1	40	40	1	1	40	40	1	1	40	40	1	1	40	40	1	1	40	40	1	1	40	40	1	1	40	40	*Validate by geographic location*
1.1.7	Visitor Search Room	100	sf		1	100	100		1	100	100		1	100	100		1	100	100		1	100	100		1	100	100		1	100	100		1	100	100	*Validate by geographic location*
1.1.8	Visitor Waiting Area	20	sf/seat	8	1	20	160	10	1	20	200	12	1	20	240	14	1	20	280	16	1	20	320	18	1	20	360	20	1	20	400	24	1	20	480	*w/ baby changing station*
1.1.9	Visitor Vending Area	25	sf		1	25	25		1	25	25		1	25	25		1	25	25		1	25	25		1	25	25		1	25	25		1	25	25	
1.1.10	Visitor Telephone Area	10	sf		1	10	10		1	10	10		1	10	10		1	10	10		1	10	10		1	10	10		1	10	10		1	10	10	
1.1.11	Visitor Toilet - Male	60	sf		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60	*w/ baby changing station*
1.1.12	Visitor Toilet - Female	60	sf		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60	
							809				**853**				**896**				**940**				**983**				**1,027**				**1,070**				**1,157**	
				Net-Gross Factor		1.40	324	Net-Gross Factor		1.40	341	Net-Gross Factor		1.40	358	Net-Gross Factor		1.40	376	Net-Gross Factor		1.40	393	Net-Gross Factor		1.40	411	Net-Gross Factor		1.40	428	Net-Gross Factor		1.40	463	
				Gross Square Feet			**1,133**	**Gross Square Feet**			**1,194**	**Gross Square Feet**			**1,254**	**Gross Square Feet**			**1,315**	**Gross Square Feet**			**1,376**	**Gross Square Feet**			**1,437**	**Gross Square Feet**			**1,498**	**Gross Square Feet**			**1,620**	
1.2	**ICE Administration**																																			
1.2.1	Officer in Charge (OIC) Office	300	sf	1	1	300	300	1	1	300	300	1	1	300	300	1	1	300	300	1	1	300	300	1	1	300	300	1	1	300	300	1	1	300	300	
1.2.2	Assistant Officer in Charge (AOIC) Office	200	sf			200	0			200	0	1	1	200	200	1	1	200	200	1	1	200	200	1	1	200	200	1	2	200	400	1	2	200	400	
1.2.3	Intelligence Officer Office	200	sf			200	0			200	0	1	1	200	200	1	1	200	200	1	1	200	200	1	1	200	200	1	2	200	400	1	3	200	600	
1.2.4	Supervisory Mission Support Specialists (SMSS) Office	175	sf			175	0			175	0			175	0			175	0			175	0			175	0			175	0	1	1	175	175	
1.2.5	Chief Immigration Enforcement Agent (CIEA) Office	150	sf			150	0	1	1	150	150	1	1	150	150	1	1	150	150	1	1	150	150	1	1	150	150	1	1	150	150	1	1	150	150	
1.2.6	Mission Support Specialists (MSS) Office	150	sf			150	0	1	1	150	150	1	1	150	150	1	1	150	150	1	1	150	150	1	2	150	300	1	4	150	600	1	4	150	600	
1.2.7	Contracting Officer's Techincal Representitive (COTR) Office	150	sf			150	0	1	1	150	150	1	1	150	150	1	2	150	300	1	2	150	300	1	3	150	450	1	3	150	450	1	4	150	600	
1.2.8	OIC Secretary Workstation	80	sf			80	0	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	
1.2.9	Receptionist Workstation w/ Transaction Window	80	sf			80	0	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	
1.2.10	ICE IT Specialist (space only) Workstation	80	sf	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	1	1	80	80	
1.2.11	Mission Support Assistant (MSA) Workstation	65	sf			65	0	1	1	65	65	1	2	65	130	1	2	65	130	1	2	65	130	1	2	65	130	1	2	65	0	1	2	65	130	
1.2.12	Intelligence Research Specialist (IRS) Workstation	65	sf			65	0			65	0			65	0	1	1	65	65	1	1	65	65	1	1	65	65	1	1	65	65	1	1	65	65	
1.2.13	Executive Conference Room	25	sf/occupant	8	1	25	200	8	1	25	200	12	1	30	360	12	1	30	360	12	1	30	360	12	1	30	360	16	1	30	480	16	1	30	480	*larger facilities include gallery space*
1.2.14	Records/Files Room	15	sf/file cabinet	4	1	15	60	4	1	15	60	4	1	15	60	4	1	15	60	4	1	15	60	4	1	15	60	4	1	15	60	4	1	15	60	
1.2.15	Copier/Fax/Shredder Room	150	sf per copier/shredder		1	150	150		1	150	150		1	150	150		2	150	300		2	150	300		2	150	300		2	150	300		3	150	450	
1.2.16	Printer Area	15	sf/printer		1	15	15		1	15	15		2	15	30		2	15	30		2	15	30		2	15	30		2	15	30		2	15	30	*average 10 people per printer; min of 2*
1.2.17	File Area	15	sf/file cabinet			15	0			15	0			15	0			15	0			15	0			15	0			15	0			15	0	
1.2.18	Officer Toilet Male	45	sf		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45	
1.2.19	Officer Toilet Female	45	sf		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45	
							515				**580**				**820**				**1,035**				**1,035**				**1,025**				**1,305**				**1,735**	
				Net-Gross Factor		1.33	170	Net-Gross Factor		1.33	191	Net-Gross Factor		1.33	271	Net-Gross Factor		1.33	342	Net-Gross Factor		1.33	342	Net-Gross Factor		1.33	342	Net-Gross Factor		1.33	338	Net-Gross Factor		1.33	431	
				Gross Square Feet			**685**	**Gross Square Feet**			**771**	**Gross Square Feet**			**1,091**	**Gross Square Feet**			**1,377**	**Gross Square Feet**			**1,377**	**Gross Square Feet**			**1,377**	**Gross Square Feet**			**1,363**	**Gross Square Feet**			**1,736**	
1.3	**CDF Administration**																																			
1.3.1	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	
1.4	**OPLA**			*number of Judges:*		*1*		*number of Judges:*		*2*		*number of Judges:*		*3*		*number of Judges:*		*5*		*number of Judges:*		*7*		*number of Judges:*		*8*		*number of Judges:*		*10*		*number of Judges:*		*15*		
1.4.1	Deputy Chief Counsel Office	225	sf			225	0			225	0	1	1	225	225	1	1	225	225	1	1	225	225	1	1	225	225	1	1	225	225	1	1	225	225	
1.4.2	Assistant Chief Counsel Office	150	sf	1	3	150	450	1	5	150	750	1	7	150	1,050	1	12	150	1,800	1	17	150	2,550	1	19	150	2,850	1	24	150	3,600		36	150	5,400	*2.3/courtroom always round up*
1.4.3	Legal Technician Workstation	100	sf	1	1	100	100	1	2	100	200	1	3	100	300	1	4	100	400	1	6	100	600	1	7	100	700	1	8	100	800		12	100	1,200	*1 per 3 ACC's always round up*
1.4.4	Mail/File Clerk Office	100	sf			100	0			100	0	1	1	100	100	1	1	100	100	1	1	100	100	1	1	100	100	1	1	100	100	1	1	100	100	
1.4.5	Support Workstation w/ Scanner, Printer, Fax	65	sf	1	1	65	65	1	1	65	65	1	1	65	65	1	1	65	65	1	1	65	65	1	1	65	65	1	1	65	65	1	1	65	65	
1.4.6	Law Library/Conference Room	22	sf/occupant	3	1	200	200	5	1	200	200	8	1	200	200	12	1	22	264	16	1	22	352	20	1	22	440	24	1	22	528	24	1	22	528	*200 sf minimum*
1.4.7	Copier/Storage Room	75	sf		1	75	75		1	75	75		1	75	75		1	75	75		1	75	75		1	75	75		1	75	75		1	75	75	
1.4.8	Supply Room	50	sf		1	50	50		1	50	50		1	50	50		1	50	50		1	50	50		1	58	58		1	70	70		1	102	102	*50 sf min + 2 sf for ea. employee over 25*
1.4.9	Break Room	25	sf/occupant	8	1	25	200	8	1	25	200	8	1	25	200	10	1	25	250	12	1	25	300	16	1	25	400	18	1	25	450	20	1	25	500	*150 sf min + 25 sf per ACC after that*
1.4.10	Classified File Room	100	sf		1	100	100		1	100	100		1	100	100		1	100	100		1	100	100		1	100	100		1	100	100		1	100	100	
							1,240				**1,440**				**2,365**				**3,339**				**4,417**				**5,013**				**6,013**				**8,295**	
				Net-Gross Factor		1.33	409	Net-Gross Factor		1.33	541	Net-Gross Factor		1.33	780	Net-Gross Factor		1.33	1,099	Net-Gross Factor		1.33	1,458	Net-Gross Factor		1.33	1,654	Net-Gross Factor		1.33	1,984	Net-Gross Factor		1.33	2,737	
				Gross Square Feet			**1,649**	**Gross Square Feet**			**2,181**	**Gross Square Feet**			**3,145**	**Gross Square Feet**			**4,438**	**Gross Square Feet**			**5,875**	**Gross Square Feet**			**6,667**	**Gross Square Feet**			**7,997**	**Gross Square Feet**			**11,032**	
1.5	**Removal Unit**																																			
1.5.1	Supervisory Detention & Deportation Officer (SDDO) Office	150	sf	1	1	150	150	1	2	150	300	1	3	150	450	1	4	150	600	1	5	150	750	1	6	150	900	1	7	150	1,050	1	10	150	1,500	
1.5.2	Deportation Officer (DO) Office	130	sf	1	3	130	390	1	6	130	780	1	12	130	1,560	1	16	130	2,080	1	20	130	2,600	1	24	130	3,120	1	27	130	3,510	1	40	130	5,200	
1.5.3	Deportation Removal Assistant (DRA) Workstation	65	sf	1	3	65	195	1	6	65	390	1	12	65	780	1	16	65	1,040	1	20	65	1,300	1	24	65	1,560	1	27	65	1,755	1	40	65	2,600	
1.5.4	Shared Computer Workstations	50	sf		1	50	0	1	1	50	50	1	1	50	50	1	2	50	100	1	3	50	150	1	3	50	150	1	4	50	200	1	5	50	250	*total files + detainees + 20%*
1.5.5	Conference Room	22	sf/occupant			22	0	10	1	22	220	10	1	22	220	10	1	22	220	10	1	22	220	10	1	22	220	12	1	22	264	12	1	22	264	
1.5.6	Records/Files Room	15	sf/file cabinet		0.0	15	0		0.0	15	0		0.0	15	0		0.0	15	0		0.0	15	0		0.0	15	0		0.0	15	0		0.0	15	0	*1 file per detainee; 60 files per cabinet*
1.5.7	Supply/Storage Room	150	sf		1	150	150		1	150	150		1	150	150		1	150	150		1	150	150		1	150	150		1	150	150		1	150	150	
1.5.8	Copier/Fax/Shredder Room	150	sf		1	150	150		1	150	150		1	150	150		1	150	150		1	150	150		1	150	150		1	150	150		1	150	150	
1.5.9	Printer Area	15	sf/printer		1	15	15		1	15	15		2	15	30		3	15	45		4	15	60		5	15	75		5	15	75		8	15	120	*average 10 people per printer; min of 2*
1.5.10	Officer Toilet Male	45	sf		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45	
1.5.11	Officer Toilet Female	45	sf		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45	
							1,140				**1,935**				**3,480**				**4,475**				**5,470**				**6,415**				**7,244**				**10,324**	
				Net-Gross Factor		1.33	376	Net-Gross Factor		1.30	578	Net-Gross Factor		1.30	1,044	Net-Gross Factor		1.30	1,343	Net-Gross Factor		1.30	1,641	Net-Gross Factor		1.30	1,925	Net-Gross Factor		1.30	2,173	Net-Gross Factor		1.30	3,097	
				Gross Square Feet			**1,516**	**Gross Square Feet**			**2,503**	**Gross Square Feet**			**4,524**	**Gross Square Feet**			**5,818**	**Gross Square Feet**			**7,111**	**Gross Square Feet**			**8,340**	**Gross Square Feet**			**9,417**	**Gross Square Feet**			**13,421**	
1.6	**Staff Services/Training**																																			
1.6.1	Staff Entrance Vestibule	60	sf		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60	
1.6.2	Weapons Drop Area	120	sf		1	120	120		1	120	120		1	120	120		1	120	120		1	120	120		1	120	120		1	120	120		1	120	120	
1.6.3	Training Officer Office	120	sf			120	0			120	0	1	1	120	120	1	1	120	120	1	1	120	120	1	1	120	120	1	1	120	120	1	1	120	120	
1.6.4	Visiting Trainer Officer Office	120	sf			120	0			120	0			120	0	1	1	120	120	1	1	120	120	1	1	120	120	1	1	120	120	1	1	120	120	
1.6.5	Muster Room	22	sf/occupant	12	1	22	264	20	1	22	440	30	1	22	660	36	1	22	792	40	1	22	880	40	1	22	880	48	1	22	1,056	60	1	22	1,320	*could adjoin classroom*
1.6.6	Exercise Room	25	sf/occupant	16	1	25	400	16	1	25	400	16	1	25	400	16	1	25	400	30	1	25	750	32	1	25	800	32	1	25	800	40	1	25	1,000	*verify w/ HID Coordinator*
1.6.7	Physical Training Room	600	sf			600	0		1	400	400		1	600	600		1	600	600		1	600	600		1	600	600		1	600	600		1	600	600	
1.6.8	Classroom/Computer Training Room	25	sf/occupant		1	25	200	8	1	25	200	12	1	25	300	16	1	25	400	20	1	25	500	24	1	25	600	30	1	25	750	30	1	25	750	
1.6.9	FATS Training Room	450	sf			450	0		1	450	450		1	450	450		1	450	450		1	450	450		1	450	450		1	450	450		1	450	450	
1.6.10	ICE Armory (SEE SECTION 3.1)																																			
1.6.11	ICE Ready Room (SEE SECTION 3.1)																																			
1.6.12	Training File Area	15	sf/file cabinet	1	1	15	15	1	1	15	15	1	1	15	15	2	1	15	30	2	1	15	30	2	1	15	30	2	1	15	30	3	1	15	45	
1.6.13	Workroom	200	sf			200	0			200	0		1	200	200		1	200	200		1	200	200		1	200	200		1	200	200		1	200	200	
1.6.14	Resource Library	25	sf/cabinet/shelf	4	1	25	100	6	1	25	150	8	1	25	200	8	1	25	200	8	1	25	200	10	1	25	250	12	1	25	300	12	1	25	300	
1.6.15	Staff Breakroom	25	sf/seat	8	1	25	200	12	1	25	300	16	1	25	400	20	1	25	500	24	1	25	600	24	1	25	600	28	1	25	700	36	1	25	900	
1.6.16	Vending Area	25	sf		1	25	25		1	25	25		1	25	25		1	25	25		1	25	25		1	25	25		1	25	25		1	25	25	
1.6.17	Male Staff Lockers	7	sf/locker	12	1	7	84	24	1	7	168	50	1	7	350	62	1	7	434	70	1	7	490	90	1	7	630	93	1	7	651	126	1	7	882	*1 for ea. uniformed agent + 1 for ea. 4 staff split M/F 85/15*
1.6.18	Male Staff Toilet	60	sf/toilet	2	1	60	120	3	1	60	180	4	1	60	240	4	1	60	240	4	1	60	240	5	1	60	300	5	1	60	300	6	1	60	360	
1.6.19	Male Staff Shower	20	sf/shower	1	1	20	20	1	2	20	20	1	3	20	20	1	4	20	20	1	5	20	20	1	6	20	20	1	6	20	20	1	8	20	20	*use 15 lockers to 1 shower ratio; 1 ADA*
1.6.20	Male Shower Dressing Area	20	sf	1	1	20	20	1	2	20	20	1	2	20	20	1	2	20	20	1	2	20	20	1	3	20	20	1	3	20	20	1	4	20	20	
1.6.21	Female Staff Lockers	7	sf/locker	6	1	7	42	8	1	7	56	8	1	7	56	10	1	7	70	12	1	7	84	16	1	7	112	20	1	7	140	27	1	7	189	*1 for ea. uniformed agent + 1 for ea. 4 staff split M/F 85/15*
1.6.22	Female Staff Toilet	60	sf/toilet	2	1	60	120	3	1	60	180	3	1	60	180	3	1	60	180	3	1	60	180	4	1	60	240	4	1	60	240	5	1	60	300	
1.6.23	Female Staff Shower	20	sf/shower	1	1	20	20	1	1	20	20	1	1	20	20	1	1	20	20	1	2	20	20	1	2	20	20	1	2	20	20	1	3	20	20	*use 15 lockers to 1 shower ratio; 1 ADA*
1.6.24	Female Shower Dressing Area	20	sf	1	1	20	20	1	1	20	20	1	1	20	20	1	1	20	20	1	2	20	20	1	2	20	20	1	2	20	20	1	3	20	20	
1.6.25	Bulk Storage Room (Disposed Property)	300	sf		1	150	150		1	200	200		1	300	300		1	300	300		1	300	300		1	300	300		1	300	300		1	300	300	
1.6.26	Loading Dock & Staging						0				0				0				0				0				0				0				0	
							1,780				**2,974**				**4,756**				**5,321**				**6,029**				**6,517**				**7,042**				**8,121**	
				Net-Gross Factor		1.30	534	Net-Gross Factor		1.30	892	Net-Gross Factor		1.30	1,427	Net-Gross Factor		1.30	1,596	Net-Gross Factor		1.30	1,809	Net-Gross Factor		1.30	1,955	Net-Gross Factor		1.30	2,113	Net-Gross Factor		1.30	2,436	
				Gross Square Feet			**2,314**	**Gross Square Feet**			**3,866**	**Gross Square Feet**			**6,183**	**Gross Square Feet**			**6,917**	**Gross Square Feet**			**7,838**	**Gross Square Feet**			**8,472**	**Gross Square Feet**			**9,155**	**Gross Square Feet**			**10,557**	

1.0 Office Zone

1.1 Public Entrance/Lobby (ICE Operated)

Space Requirements

1.1.1 Vestibule
1.1.2 Visitor Check-In/Prescreening Area
1.1.3 Weapons Drop Room
1.1.4 Visitor Property Lockers
1.1.5 Visitor Security Check-In Area
1.1.6 Reception/Security Post
1.1.7 Visitor Search Room
1.1.8 Visitor Waiting Area
1.1.9 Visitor Vending Area
1.1.10 Visitor Telephone Area
1.1.11 Visitor Toilets - Male
1.1.12 Visitor Toilets - Female

1.1 Public Entrance/Lobby - Function

FUNCTION STATEMENT
The primary function of the Public Entrance/Lobby is to provide a place where the public can enter the facility, be greeted, be screened, wait and be directed to their destination. The Public Entrance/Lobby serves the public seeking access to detainee Visitation, EOIR Court, Removal Unit, and ICE/Contractor Administration.

All public access to the facility must be gained through the Public Entrance/Lobby. A security post/reception desk is located in the Public Entrance/Lobby to screen and search visitors and their possessions, and to provide directory assistance. Free access to the Public Entrance/Lobby is available during normal business hours and weekend visiting hours.

The Public Entrance/Lobby should be organized into "Four Zones". ***Zone 1: Prescreening*** where visitors can remove devices not allowed within the facility, ***Zone 2: Security Check*** where visitors are met by an officer, sign-in and pass through metal detector, ***Zone 3: Waiting*** is space for visitors to wait for their business, and ***Zone 4: Transition*** is a zone that permits visitors to gain access to areas beyond the Public Entrance/Lobby.

The Public Entrance/Lobby should permit the assigned security officer to have unobstructed sight lines to the facility's main entry door, waiting area, and all doors leading from the Public Entrance/Lobby to other areas.

The Public Entrance/Lobby is located outside the secure perimeter in the non-secure zone.

Design Criteria

Critical Issues

- ✓ No more than one primary public entrance to the facility
- ✓ Clear and identifiable access from public parking
- ✓ Controlled access after passing through the vestibule
- ✓ Visitors are always escorted to their destination
- ✓ All visitors are subject to identification and security screening
- ✓ The main entrance must have direct visual monitoring
- ✓ Storage must be available for items that are restricted from being carried into the facility.

Special Requirements

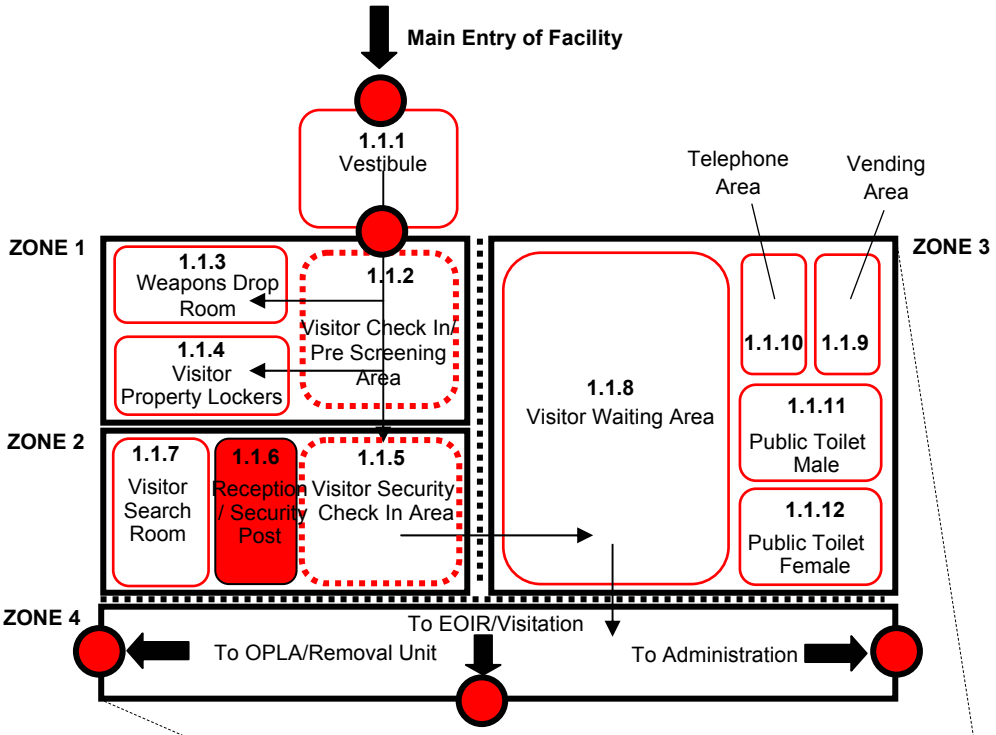
- ✓ Video surveillance of lobby is required
- ✓ Security post is staffed by one or more officers
- ✓ Ballistic resistant material incorporated into modesty panel of reception counter
- ✓ Metal detector and baggage scanner are required

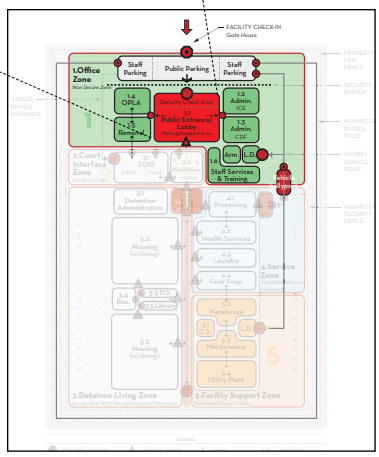
Space Requirements

1.1 PUBLIC ENTRANCE/LOBBY

1.1.1	Vestibule
1.1.2	Visitor Check-In/Prescreening Area
1.1.3	Weapons Drop Room
1.1.4	Visitor Property Lockers
1.1.5	Visitor Security Check-In Area
1.1.6	Reception/Security Post
1.1.7	Visitor Search Room
1.1.8	Visitor Waiting Area
1.1.9	Visitor Vending Area
1.1.10	Visitor Telephone Area
1.1.11	Visitor Toilets - Male
1.1.12	Visitor Toilets - Female

1.1 Public Entrance/Lobby : Organizational Diagram





Office Zone Diagram

LEGEND

= Entry Points Into Other Areas

= Secure Door

= Circulation Pattern

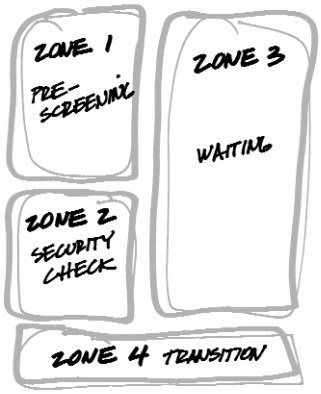
1.1 Public Entrance/Lobby - Critical Workflow Patterns

INTRODUCTION

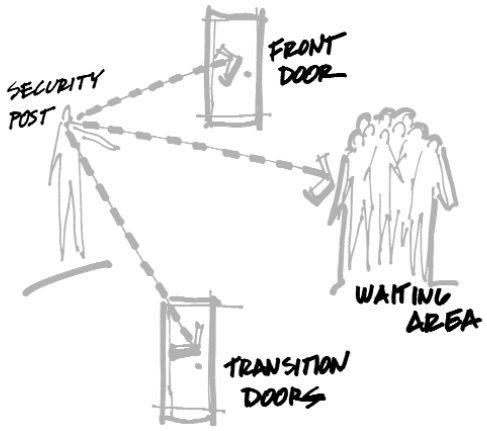
The diagrams on the following page illustrate some of the most critical workflow issues and patterns for the Public Entrance/Lobby.

1.1 Public Entrance/Lobby : Critical Workflow Patterns

1. "FOUR ZONES"
The Public Entrance/Lobby should be organized into "Four Zones". ***Zone 1: Prescreening*** where visitors can remove devices not allowed within the facility, ***Zone 2: Security Check*** where visitors are met by an officer, sign-in and pass through metal detector, ***Zone 3: Waiting*** is space for visitors to wait for their business, and ***Zone 4: Transition*** is a zone that permits visitors to gain access to areas beyond the Public Entrance/Lobby.



2. "UNOBSTRUCTED SIGHT LINES"
The Public Entrance/Lobby should permit the assigned security officer to have unobstructed sight lines to the facility's main entry door, waiting area, and all doors leading from the Public Entrance/Lobby to other areas.



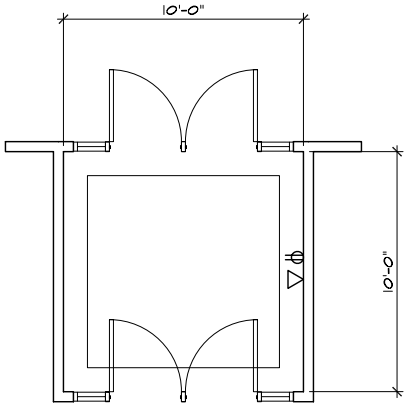
1.1 Public Entrance/Lobby - Room Data Sheet

1.1.1 VESTIBULE

Function
The Vestibule is used to provide a thermal break between the exterior and interior of the building. It also serves as a secure point when the interior doors are in the locked position.



Photograph



Floor Plan (100 nsf)

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.1 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• CT	• GWB-8' min.	• Glass	• See below	• Interior & exterior

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlet one way	• See below	• Voice

1.1.1 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	None				
HARDWARE					
	Locksets				
	Electronic access reader				
	Concealed hinges				
	Weather stripping				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.1 Public Entrance/Lobby - Room Data Sheet

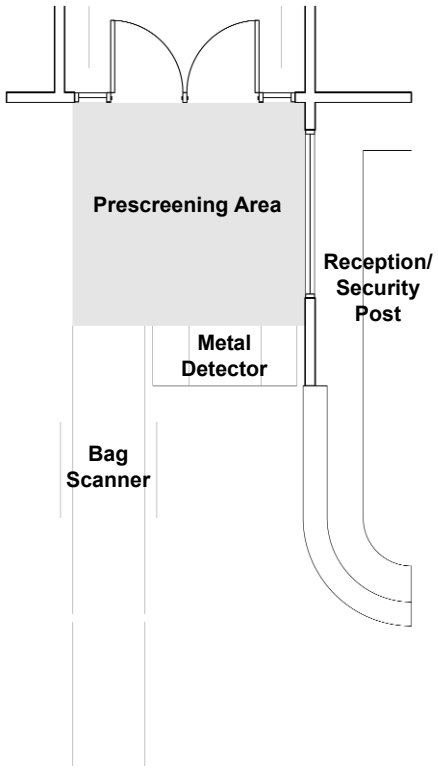
1.1.2 VISITOR CHECK-IN/PRESCREENING AREA

Function
The Visitor Check-In/Prescreening Area is space between the vestibule and the visitor security check-in area. The space is used to contain visitors as they arrive and are waiting to be processed/checked into the facility.

The Visitor Check-In/Prescreening Area should be located in Zone 1 of the Public Entrance/Lobby and directly adjacent to the Weapons Drop Room and the Visitor Property Storage Lockers.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.2 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• None	• None	• None

1.1.2 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.1 Public Entrance/Lobby - Room Data Sheet

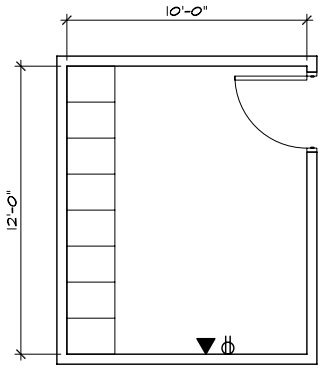
1.1.3 WEAPONS DROP ROOM

Function
The Weapons Drop Room provides a secure space for Law Enforcement Agents to store their weapon while inside the facility. The space must be accessible from the Visitor Check-In/Prescreening Area and/or ahead of the metal detector as one enters the facility.

The Weapons Drop Room should be located in Zone 1 of the Public Entrance/Lobby.



Photograph



Floor Plan (120 nsf)

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.3 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core wood or hollow metal	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlet on one wall	• See below	• None

1.1.3 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Gun lockers				
EQUIPMENT					
	None				
HARDWARE					
	Lockset				
	Electronic access reader				
	Concealed hinges				
	Door floor stops				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.1 Public Entrance/Lobby - Room Data Sheet

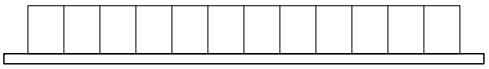
1.1.4 VISITOR PROPERTY LOCKERS

Function
The Visitor Property Lockers are located directly at or ahead of the check-in point. These lockers provide visitors a secure place to store items that are restricted from the facility.

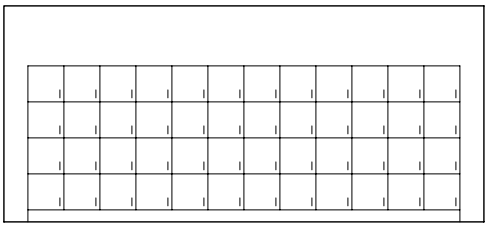
The Visitor Property Lockers should be located in Zone 1 of the Public Entrance/Lobby.



Photograph



Plan



Elevation

Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.4 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• None	• None	• None

1.1.4 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Property lockers				
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.1 Public Entrance/Lobby - Room Data Sheet

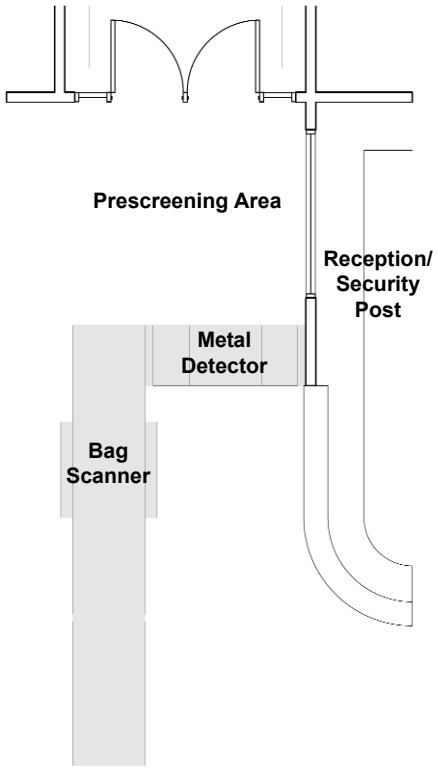
1.1.5 VISITOR SECURITY CHECK-IN AREA

Function
The Visitor Security Check-In Area is located directly adjacent to the Visitor Check-In/Prescreening area and houses the metal detection and bag screening equipment. All entrants to the facility must pass through this point.

The Visitor Security Check-In Area should be located in Zone 2 of the Public Entrance/Lobby, directly adjacent to the Reception/Security Post.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ISDN Outlet D Duress Alarm Outlet

1.1.5 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• VCT • Base: RB	• ACT-8' min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• As required for security equipment	• None	• None

1.1.5 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Metal detector				
	Bag screener/x-ray				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.1 Public Entrance/Lobby - Room Data Sheet

1.1.6 RECEPTION/SECURITY POST

Function
The Reception/Security Post is the primary processing position for all visitors to the facility. This post also provides surveillance of the facility's main entrance "front door", the visitor's waiting area and Removal Unit public counter.

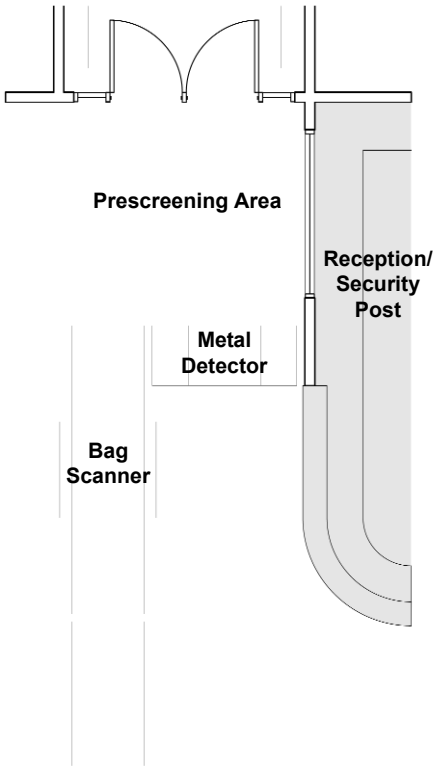
The post is staffed during normal business hours and during weekend visiting hours.

Staff positioned at this post will check and validate visitor identification, keep the visitor log and control access to and from the lobby.

The Reception/Security Post should be located in Zone 2 of the Public Entrance/Lobby and directly adjacent to the Visitor Search Room.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.6 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• None	• None	• Exterior Windows

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlets as required	• Ballistic resistant modesty panel	• Voice & data

1.1.6 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk Chair				Varies
	Waste Receptacle				1
EQUIPMENT					
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.1 Public Entrance/Lobby - Room Data Sheet

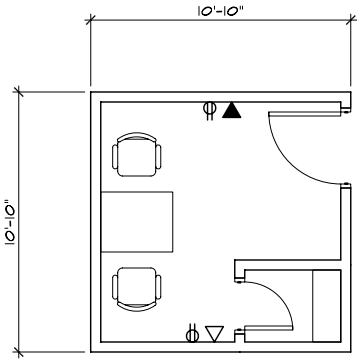
1.1.7 VISITOR SEARCH ROOM

Function
The Visitor Search Room functions as a private place for Law Enforcement officers to search visitors that have not passed the Visitor Security Check-In process.

The Visitor Search Room should be located in Zone 2 of the Public Entrance/Lobby and directly adjacent to the Reception/Security Post.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.7 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core wood	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlet on 2 walls	• None	• Voice

1.1.7 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Chair				2
	Table				1
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.1 Public Entrance/Lobby - Room Data Sheet

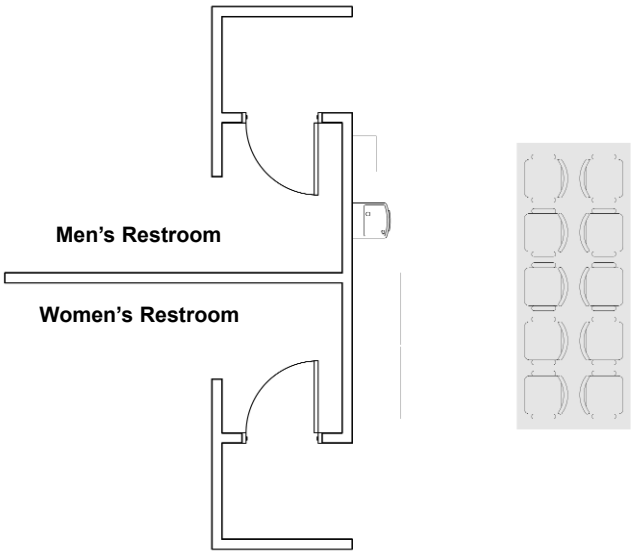
1.1.8 VISITOR WAITING AREA

Function
The Visitor Waiting Area is an open area with fixed seating for visitors awaiting EOIR Court or visitation. The Visitor Waiting Area should be located in Zone 3 of the Public Entrance/Lobby and have access to toilets, drinking fountain, vending machines, and pay telephones.

Officer's station within the Public Entrance/Lobby should have a clear line of sight to the Visitor Waiting Area. Any movement outside of the Public Entrance/Lobby area will require an escort.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.8 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Drinking fountain	• Typical	• Recessed Fluorescent	• 110V duplex outlet on ea. wall as required for vending	• Surveillance	• Pay telephone

1.1.8 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Fixed seating				Varies
EQUIPMENT					
	Vending machine				2
	Pay telephone				1
	Drinking fountain				1
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

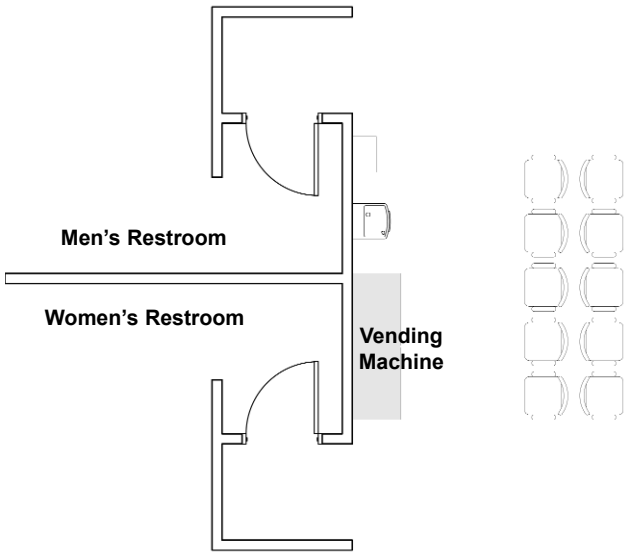
1.1 Public Entrance/Lobby - Room Data Sheet

1.1.9 VISITOR VENDING AREA

Function
The Visitor Vending Area supports the needs of the public visitors while waiting for their business transaction. The Visitor Vending Area should be located in Zone 3 of the Public Entrance/Lobby, in clear sight of the Security Officer post.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.9 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• None	• None	•

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlets as required	•	•

1.1.9 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

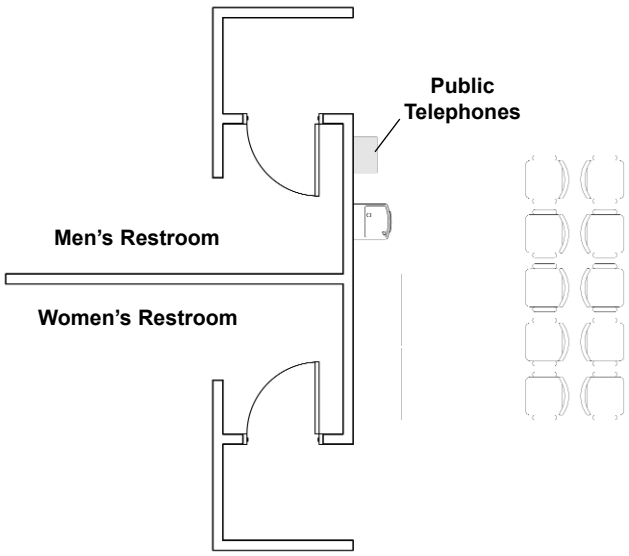
1.1 Public Entrance/Lobby - Room Data Sheet

1.1.10 VISITOR TELEPHONE AREA

Function
The Visitor Telephone Area utilized by visitors awaiting their business transaction. The Visitor Telephone Area should be located in Zone 3 of the Public Entrance/Lobby and have clear line of sight from the Security Officer's post.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.10 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• None	• None	•

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlets as required	•	•

1.1.10 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

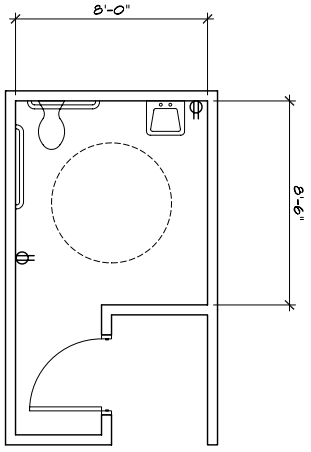
1.1 Public Entrance/Lobby - Room Data Sheet

1.1.11 PUBLIC TOILET - MALE

Function
The Male Public Toilet is a single use room located directly adjacent to the waiting area, in Zone 3 of the Public Entrance/Lobby.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.11 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• GWB type X	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Toilet • Lavatory	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlet-GFI	• None	• None

1.1.11 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				1
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

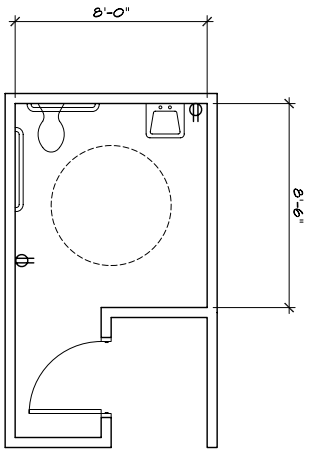
1.1 Public Entrance/Lobby - Room Data Sheet

1.1.12 PUBLIC TOILET - FEMALE

Function
The Female Public Toilet is a single use room located directly adjacent to the waiting area.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.1.12 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• GWB type X	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Toilet • Lavatory	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlet-GFI	• None	• None

1.1.12 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				1
	Feminine napkin disposal unit				1
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.0 Office Zone

1.2 ICE Administration (ICE Operated)

Space Requirements

1.2.1 Officer in Charge (OIC) Office
1.2.2 Assistant Officer in Charge (AOIC) Office
1.2.3 Intelligence Officer Office
1.2.4 Supervisory Mission Support Specialist (SMSS) Office
1.2.5 Chief Immigration Enforcement Agent (CIEA) Office
1.2.6 Mission Support Specialist (MSS) Office
1.2.7 Contracting Officer's Technical Representative (COTR) Office
1.2.8 OIC Secretary Workstation
1.2.9 Receptionist Workstation w/Transaction Window
1.2.10 ICE IT Specialist (Space Only) Workstation
1.2.11 Mission Support Assistant (MSA) Workstations
1.2.12 Intelligence Research Specialist (IRS) Workstation
1.2.13 Executive Conference Room
1.2.14 Records/Files Room
1.2.15 Copier/Fax/Shredder Room
1.2.16 Printer Area
1.2.17 File Area
1.2.18 Officer Toilet - Male
1.2.19 Officer Toilet - Female

1.2 ICE Administration - Function

FUNCTION STATEMENT
ICE Administration is responsible for administration and management of all services and activities performed by ICE. It directs the policies for ICE and delegates responsibility to the subordinate components. ICE Administration, through its direct staff or the ICE District Office, provides fiscal and personal services to the ICE operations and staff.

ICE Administration may receive public visitors, including detainee family members and acquaintances; or official visitors including lawyers, government officials, and individuals conducting business.

ICE Administration is located in the non-secure zone, though restricted only to staff and visitors accompanied by staff. Visitors will be under supervision of their host.

Design Criteria

Critical Issues

- ✓ The OIC must be able to leave the facility without being seen by detainees.
- ✓ Entrance to ICE Administration should be under continuous visual observation by security or clerk.

Special Requirements

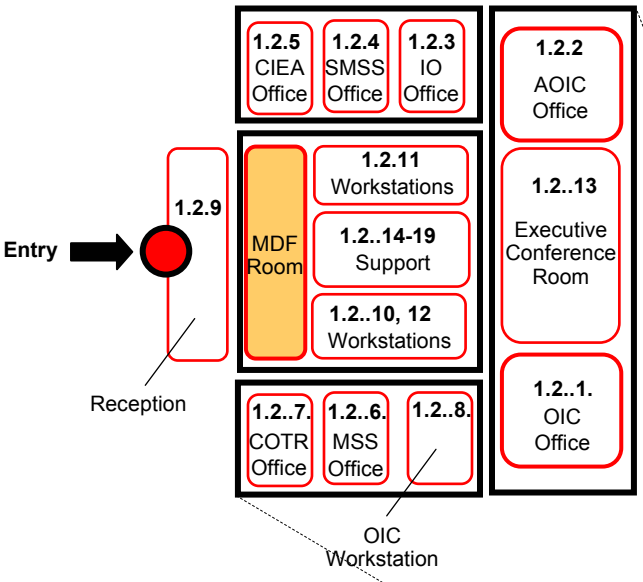
- ✓ Controlled access to ICE Administration space.
- ✓ File space for accreditation records.
- ✓ ICE Administration must be located directly adjacent to the CDF Public Entrance/Lobby. ICE Administration should be located in close proximity to the Removal Unit to access detainee records, and adjacent to Staff Services and Training which allows Administration easy access to participate in briefings.

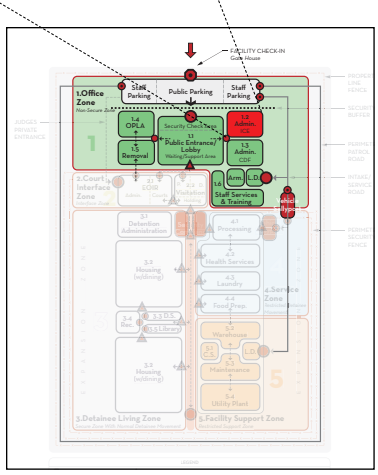
Space Requirements

1.2 ICE Administration

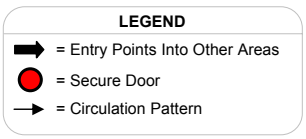
1.2.1 Officer in Charge (OIC) Office
1.2.2 Assistant Officer in Charge (AOIC) Office
1.2.3 Intelligence Officer Office
1.2.4 Supervisory Mission Support Specialist (SMSS) Office
1.2.5 Chief Immigration Enforcement Agent (CIEA) Office
1.2.6 Mission Support Specialist (MSS) Office
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1.2.12 Intelligence Research Specialist (IRS) Workstation
1.2.13 Executive Conference Room
1.2.14 Records/Files Room
1.2.15 Copier/Fax/Shredder Room
1.2.16 Printer Area
1.2.17 File Area
1.2.18 Officer Toilet - Male
1.2.19 Officer Toilet - Female

1.2 ICE Administration : Organizational Diagram





Office Zone Diagram



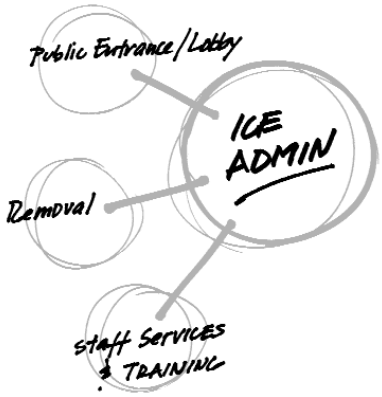
1.2 ICE Administration - Critical Workflow Patterns

INTRODUCTION

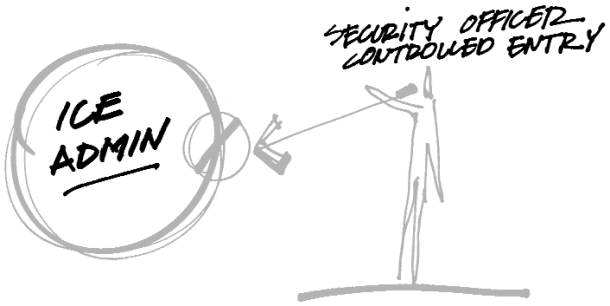
The diagrams on the following page illustrate some of the most critical workflow issues and patterns of the ICE Administration.

1.2 ICE Administration : Critical Workflow Patterns

1. "CLOSE PROXIMITY"
The ICE Administration area requires close proximity to the Public Entrance/Lobby, Removal Unit, and Staff Services and Training.



2. "CONTROLLED ACCESS"
Admission into the ICE Administration area is controlled by the Security Post located in the Public Entrance/Lobby area.



1.2 ICE Administration - Room Data Sheet

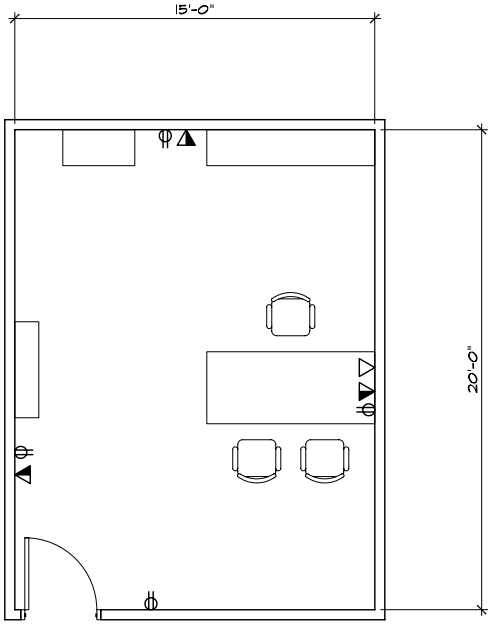
1.2.1 OFFICER IN CHARGE (OIC) OFFICE

Function
The Officer In Charge is the highest ranking officer at the CDF and has ultimate authority and responsibility at the site.

The OIC oversees all CDF activities including those of contract personnel. The OIC Office is located in a private office away from open office and high traffic areas and on an exterior wall.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.1 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.2.1 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Credenza				1
	Bookcase				1
	Lateral file				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.2 ICE Administration - Room Data Sheet

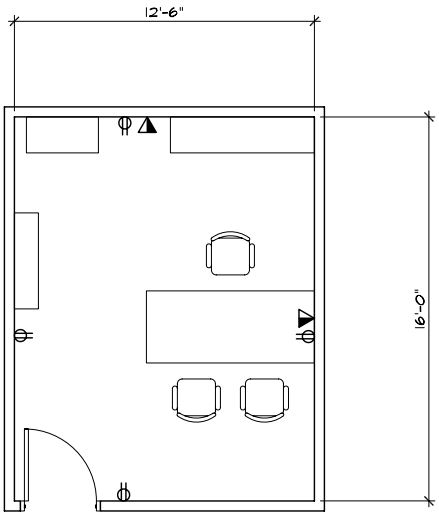
1.2.2 ASSISTANT OFFICER IN CHARGE (AOIC) OFFICE

Function
The Assistant Officer In Charge is the second ranking officer at the CDF. They have responsibility for administrative and operations activities as directed by the OIC.

The AOIC is located in the private office zone adjacent to the Executive Conference Room and OIC office, and on an external wall.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.2 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.2.2 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Credenza				1
	Bookcase				1
	Lateral file				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.2 ICE Administration - Room Data Sheet

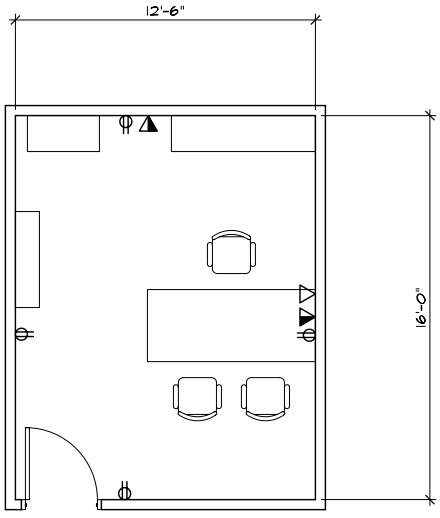
1.2.3 INTELLIGENCE OFFICER OFFICE

Function
The Intelligence Officer is responsible for producing all-source tactical and strategic intelligence on issues related to the security of the U.S. Homeland to support the Department's senior leadership, state, local, tribal, territorial partners, and the private sector.

National responsibilities include: fusing and analyzing intelligence from DHS operating components, state and local partners, and other IC agencies into Homeland security assessments; ensuring analytic intelligence support to DHS elements that addresses the Secretary's top priorities, serving as the primary interface between IC and customers at state, local, tribal, territorial levels and in the private sector on Homeland security issues; and coordinating intelligence analytic operations between I&A and DHS operating components as an integrated DHS intelligence enterprise.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.3 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.2.3 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Credenza				1
	Bookcase				1
	Lateral file				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.2 ICE Administration - Room Data Sheet

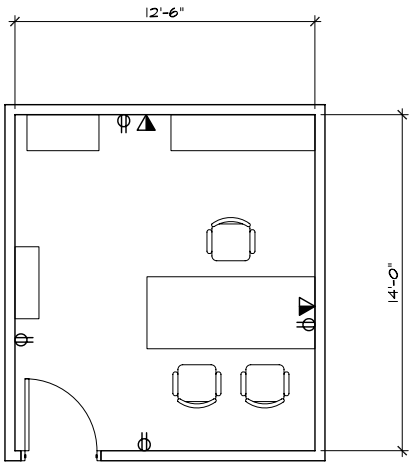
1.2.4 SUPERVISORY MISSION SUPPORT SPECIALIST (SMSS) OFFICE

Function
The Supervisory Mission Support Specialist supervises a group of Mission Support Specialists who are responsible for providing services in direct support of operational programs. The work of the SMSS provides complex administrative and support and significantly affects the program's operation and objectives. SMSS contacts are generally within the CDF's personnel to coordinate and plan the work.

The SMSS is located in a private office within the ICE Administration area, preferably on an exterior wall.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.4 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.2.4 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Credenza				1
	Bookcase				1
	Lateral file				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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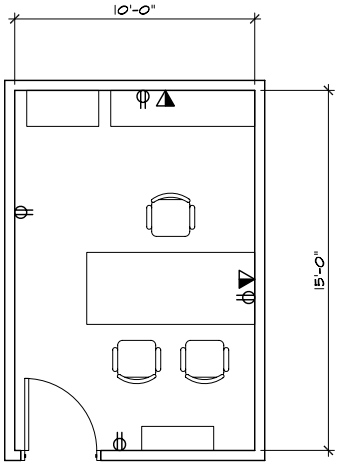
1.2 ICE Administration - Room Data Sheet

1.2.5 CHIEF IMMIGRATION ENFORCEMENT AGENT (CIEA) OFFICE

Function
The....



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.5 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.2.5 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Credenza				1
	Bookcase				1
	Lateral file				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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1.2 ICE Administration - Room Data Sheet

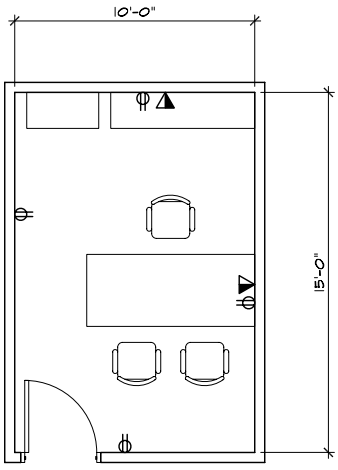
1.2.6 MISSION SUPPORT SPECIALIST (MSS) OFFICE

Function
The Mission Support Specialist has functional duties associated with budget, management analysis, human resource management, training, logistics/procurement, safety and security. The MSS performs management advisory services for specific requests related to immediate problems of limited scope for the SMSS.

The MSS Office is located in a private office within the ICE Administration area, preferably on an exterior wall.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.6 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.2.6 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Credenza				1
	Lateral file				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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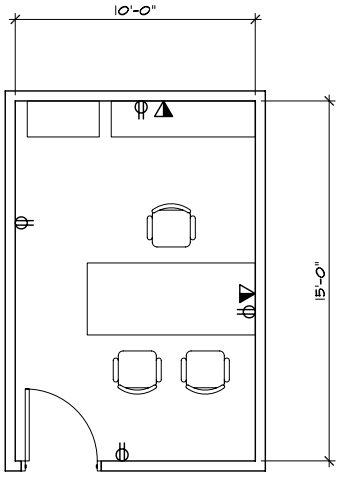
1.2 ICE Administration - Room Data Sheet

1.2.7 CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (COTR) OFFICE

Function
The Contracting Officer is responsible for all aspects of the contracting transactions from initiation of a requirement to recommendation of contract award to procure supplies or services with specialized requirements such as the procurement of complex equipment, services, and/or constructions. The Contracting Officer also prepares solicitations documents, and incorporates provisions; prepares and conducts pre-proposal conferences and pre-solicitation site visits; prepares contracting work through use of negotiation techniques; coordinates a variety of contracts requiring the development of new or modified evaluation criteria, reporting requirements and contractual arrangements.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.7 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.2.7 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Credenza				1
	Lateral file				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.2 ICE Administration - Room Data Sheet

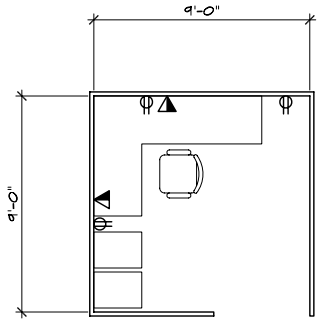
1.2.8 OIC SECRETARY WORKSTATION

Function
The OIC Secretary is the senior administrative assistant and has the primary function of assisting the OIC in all administrative matters. The OIC Secretary may also serve the AOIC, schedule meetings and executive conference room use, and arrange for travel for the OIC.

The OIC Secretary Workstation is located directly adjacent to the OIC office and should be positioned to screen all people seeking access to the OIC officer.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.8 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• To accommodate systems furniture

1.2.8 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems furniture				1
	Desk chair				1
	Vertical file				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

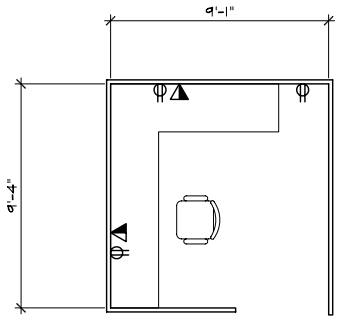
1.2 ICE Administration - Room Data Sheet

1.2.9 RECEPTIONIST WORKSTATION W/TRANSACTION COUNTER

Function
The ICE Administration Receptionist supports ICE Administration staff and also acts as the point of contact for visitors, guests, etc., entering into the ICE Administrative department.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.9 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• To accommodate systems furniture

1.2.9 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems furniture				1
	Desk chair				1
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.2 ICE Administration - Room Data Sheet

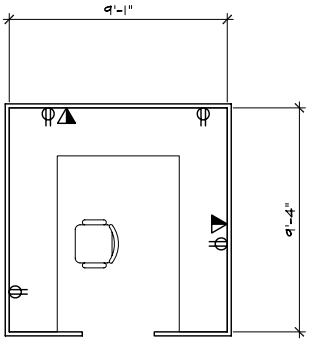
1.2.10 ICE IT SPECIALIST WORKSTATION

Function
The ICE IT Specialist develops policies, guidelines and standards for the planning, development, integration, implementation, and evaluation of information technology systems and subsystems that meet overall information needs of multiple organizational units.

The ICE IT Specialist also provides expert analysis and advice on complex program related information technology issues and problems. The IT Specialist implements technological changes in response to changing customer requirements.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.10 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• To accommodate systems furniture

1.2.10 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems furniture				1
	Desk chair				1
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.2 ICE Administration - Room Data Sheet

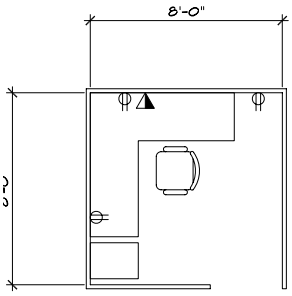
1.2.11 MISSION SUPPORT ASSISTANT (MSA) WORKSTATION

Function
The Mission Support Assistant provides support to the MSS in the areas of public affairs, budget, logistics/ procurement, human resource management, and records/file management.

The MSA Workstation is located in an open workstation within the ICE Administration area.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.1 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• To accommodate systems furniture

1.2.1 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems furniture				1
	Desk chair				1
	Vertical file				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.2 ICE Administration - Room Data Sheet

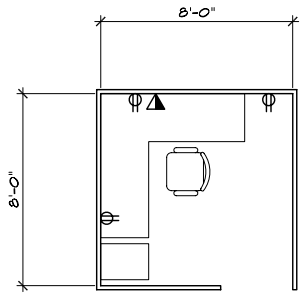
1.2.12 INTELLIGENCE RESEARCH SPECIALISTS (IRS) WORKSTATION

Function
The Intelligence Research Specialist serves as an expert and engages in developing sources of information for intelligence collection for protecting data and/or estimates of future situations, developing trends, patterns, profiles, studies and tactical data.

The work requires conducting studies and preparing staff reports, delivering briefings, and developing and recommending methods of solving analytical problems.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.12 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• To accommodate systems furniture

1.2.12 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems furniture				1
	Desk chair				1
	Vertical file				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

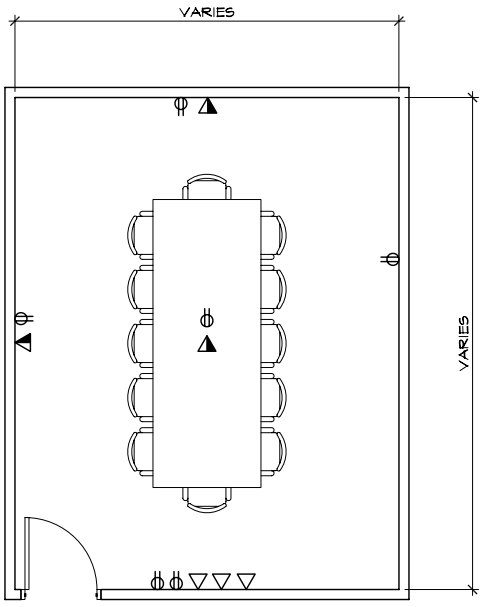
1.2 ICE Administration - Room Data Sheet

1.2.13 EXECUTIVE CONFERENCE ROOM

Function
The Executive Conference Room is used for meetings of the facility leadership and visiting dignitaries. Its use is managed by the OIC Secretary.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.13 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall and at center of table	• None	• Voice & data on 2 walls and at center of table

1.2.13 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Conference table				1
	Chairs				Varies
	Waste receptacle				
	NOTE: the size of the conference table and quantity of chairs will vary with room size and occupancy.				
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

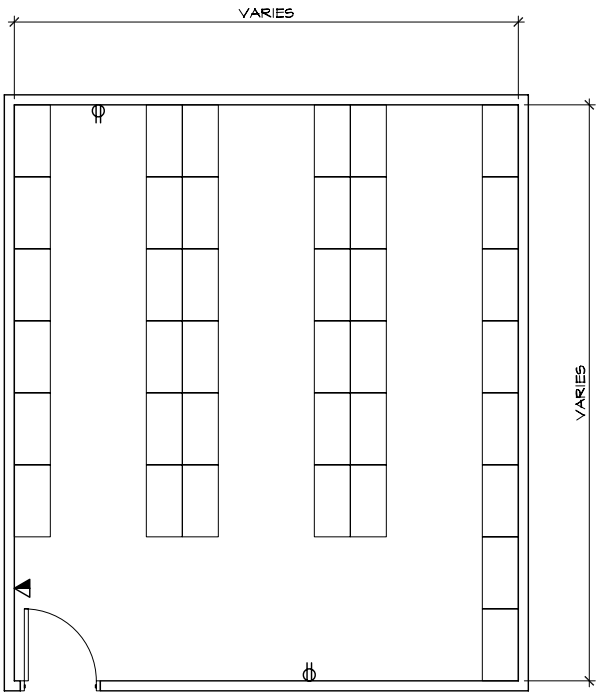
1.2 ICE Administration - Room Data Sheet

1.2.14 RECORDS/FILES ROOM

Function
The Records/File Room is used to secure files maintained by the ICE Administration.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.14 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on 2 walls	• None	• None

1.2.14 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Lateral file cabinet				4
EQUIPMENT					
	None				
HARDWARE					
	Lockset				1
	Closer	LCN	With hold open	LCN4040	1

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

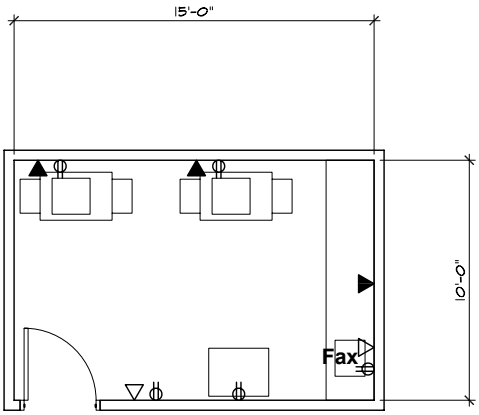
1.2 ICE Administration - Room Data Sheet

1.2.15 COPIER/SHREDDER/FAX ROOM

Function
The Copier/Fax/Shredder Room is used for mass copying, faxing documents, and shredding secure or sensitive documents.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.15 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• TBD based on dedicated circuits	• None	• Voice and data • Dedicated fax line • Data as required for copiers and fax

1.2.15 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Waste receptacle				1
EQUIPMENT					
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

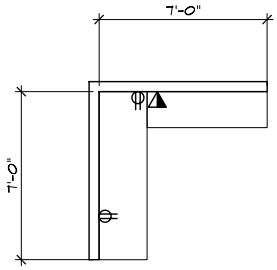
1.2 ICE Administration - Room Data Sheet

1.2.16 PRINTER AREA

Function
The Printer Area is an allocation of space within the open office environment for printers.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.16 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• TBD based on dedicated circuits	• None	• Voice and data • Dedicated printer line • Data as required for printer

1.2.16 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Waste receptacle				1
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

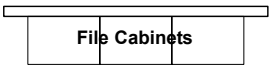
1.2 ICE Administration - Room Data Sheet

1.2.17 FILE AREA

Function
The File Area is an allocation of space within the open office environment for file cabinets.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.17 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• TBD based on dedicated circuits	• None	• Voice and data

1.2.17 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Waste receptacle				1
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

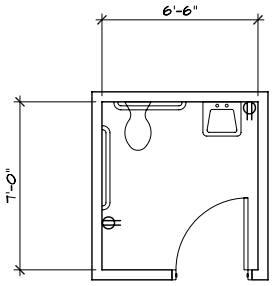
1.2 ICE Administration - Room Data Sheet

1.2.18 OFFICER TOILET - MALE

Function
The Male Officer Toilet is a single use room located within ICE Administration.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.16 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• GWB type X	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Toilet • Lavatory	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlet-GFI	• None	• None

1.2.16 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				1
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

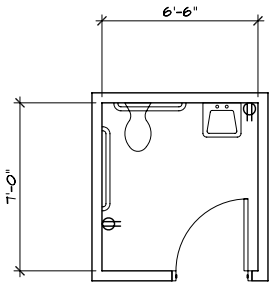
1.2 ICE Administration - Room Data Sheet

1.2.19 OFFICER TOILET - FEMALE

Function
The Female Officer Toilet is a single use room located within ICE Administration



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.2.17 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• GWB type X	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Toilet • Lavatory	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlet-GFI	• None	• None

1.2.17 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				1
	Feminine napkin disposal unit				1
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.0 Office Zone	**1.3 CDF Administration**	(Contractor Operated)

NOTE: Space Requirements Provided Per Contractor

1.0 Office Zone

1.4 Office of the Principal Legal Advisor (ICE Operated)

Space Requirements

1.4.1 Deputy Chief Counsel Office
1.4.2 Assistant Chief Counsel Office
1.4.3 Legal Technician Workstation
1.4.4 Mail/File Clerk Office
1.4.5 Support Workstation w/Scanner, Printer, Fax
1.4.6 Law Library/Conference Room
1.4.7 Copier/Storage Room
1.4.8 Supply Room
1.4.9 Break Room
1.4.10 Classified File Room

1.4 OPLA - Function

FUNCTION STATEMENT
The main function of the Office of the Principal Legal Advisor (OPLA) is prosecuting cases against detainees in the EOIR Court.

The main activity in the OPLA Unit is preparing cases prior to the hearings. Attorneys use Removal Unit case files in preparing cases. Detainee cases are first administered in the Removal Unit and then move from the Docket Team to the OPLA attorneys.

The ratio of Assistant Chief Counsels is 2.3 ACC's for each courtroom; The ratio of Legal Technicians is 1 Legal Technician for each three Assistant Chief Counsel.

MISSION STATEMENT
The mission of the Office of the Principal Legal Advisor (OPLA) is to protect the security of the United States by focusing its resources on immigration and customs law violators on behalf of the Department of Homeland Security; by providing legal advice, training, and service to support the ICE mission; and by defending the interests of the United States in the administrative and federal courts.

Design Criteria

Critical Issues

- ✓ To provide a secure environment for the court attorneys while in the courtroom with detainees
- ✓ To ensure the privacy of records and information, they should be kept in locked attorneys' offices or in locked filing cabinets
- ✓ Attorney records are privileged information and should not be generally accessible to the ICE staff
- ✓ The attorney's back shall not face the door

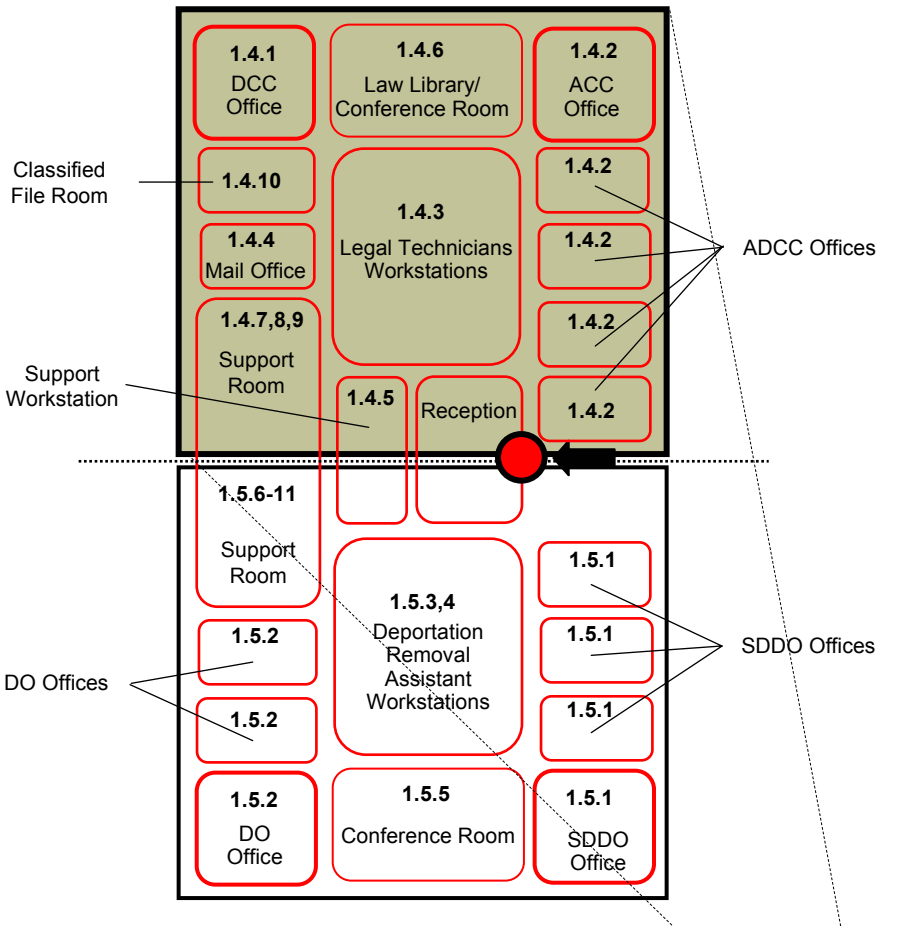
Special Requirements

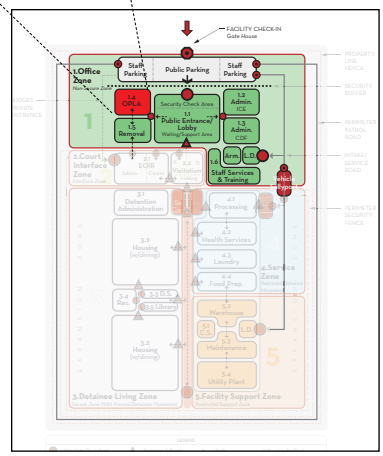
- ✓ OPLA is located outside the secure perimeter but restricted to staff only
- ✓ Visitors to the attorneys are under the guardianship of the attorneys
- ✓ No video and audio monitoring is permitted in the OPLA space located on the public side of the secure perimeter (in the secure Administration area)
- ✓ OPLA should be located adjacent to the Removal Unit (DRO) (to access case files) and to the EOIR Court
- ✓ Offices shall be equipped with doors and locks

Space Requirements

1.4	**OPLA**
1.4.1	Deputy Chief Counsel Office
1.4.2	Assistant Chief Counsel Office
1.4.3	Legal Technician Workstation
1.4.4	Mail/File Clerk Office
1.4.5	Support Workstation w/Scanner, Printer, Fax
1.4.6	Law Library/Conference Room
1.4.7	Copier/Storage Room
1.4.8	Supply Room
1.4.9	Break Room
1.4.10	Classified File Room

1.4 OPLA : Organizational Diagram





Office Zone Diagram

LEGEND

= Entry Points Into Other Areas

= Secure Door

= Circulation Pattern

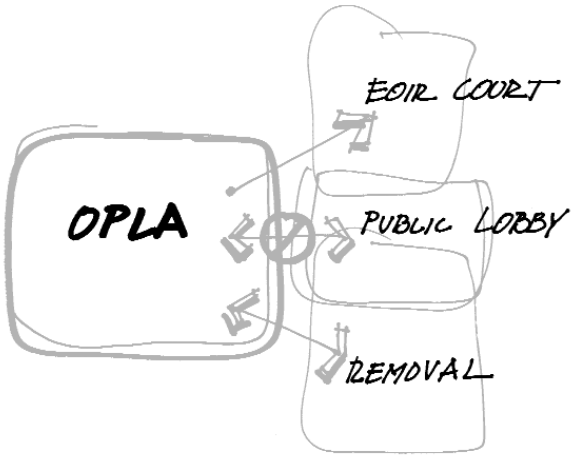
1.4 OPLA - Critical Workflow Patterns

INTRODUCTION

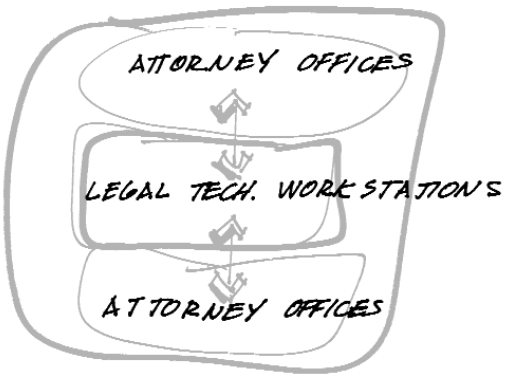
The diagrams on the following page illustrate some of the most critical workflow issues and patterns of OPLA.

1.4 OPLA : Critical Workflow Patterns

1. "CLOSE PROXIMITIES"
Close Proximities and efficient workflows are necessary with EOIR Court, Removal Unit and the Public Entrance/Lobby. The OPLA Unit should be secure from the Public Lobby.



2. "CENTRALIZED INTERNAL SUPPORT"
The Legal Technician workstations and general file storage should be located in a centralized location for easy Attorney access/communication.



1.4 OPLA - Room Data Sheet

1.4.1 DEPUTY CHIEF COUNSEL OFFICE

Function

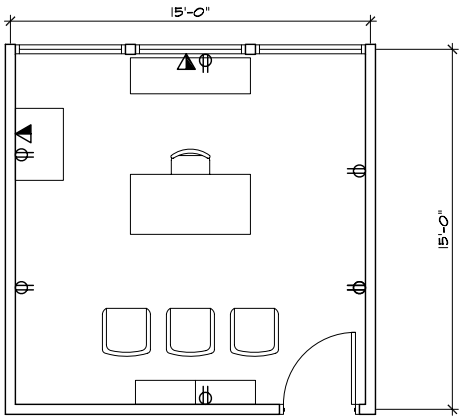
The Deputy Chief Counsel is responsible for assisting the Chief Counsel in the management of OPLA and its offices within the detention facilities. Specific responsibilities include the following:

- Serves as first line supervisor to the attorney staff
- Serves as first line supervisor to the support staff
- Manages and assigns duties
- Provides and oversees the provision of legal advice to the Office of Detention and Removal (DROP) and other DHS components
- Provides and oversees the provision of litigation support, legal assistance, and legal advice to the U.S. Attorney's Office in the litigation of petitions for review before the circuit courts
- Researches and oversees the research of legal and policy issues
- Writes and oversees the writing of memoranda, briefs, legal opinions, letters, reports and other documents

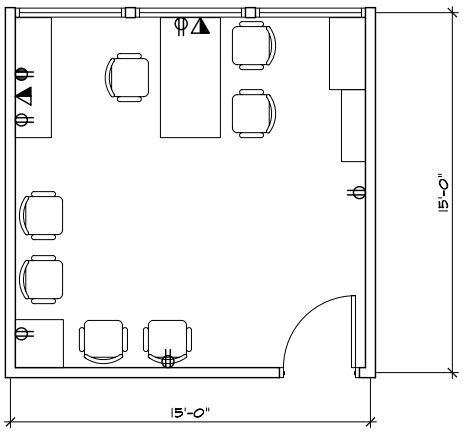
Normal occupancy is daily, 8-10 hours.



Photograph



Floor Plan - Option 1 (225 nsf)



Floor Plan - Option 2 (225 nsf)

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.4.1 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• PNT	• 36 oz., 100% cut pile nylon carpet • Base - RB	• ACT - 8' high min.	• Solid wood core	• See below	• Exterior window

Plumbing	HVAC	Lighting	Power	Security	Communications
• None	• Typical	• Recessed Fluorescent	• 110V Duplex each wall	• None	• Voice & data on two walls • A & B ports shall be active

1.4.1 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Desk (Right Hand Return)	Unicor	Symphony	S6820U07MH	1
	Desk (Left Hand Return)	Unicor	Symphony	S6820U14MH	1
	Bookcase	Unicor	Symphony	S352012MH	1
	Credenza (Double Door)	Unicor	Symphony	S352007MH	1
	Desk Chair	Unicor	Classic Ergo	WP8007BLK3501	1
	Guest Chair	Unicor	Soprano	WVC6120MH7578	2
	Waste Receptacle				1
EQUIPMENT					
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.4 OPLA - Room Data Sheet

1.4.2 ASSISTANT CHIEF COUNSEL OFFICE

Function

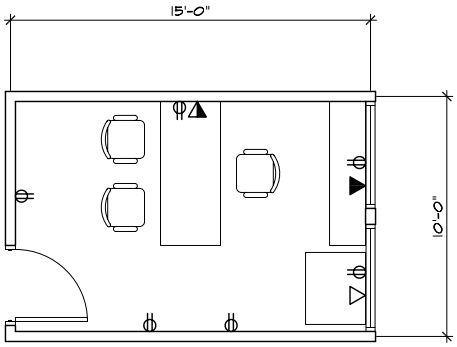
The Assistant Chief Counsels (ACCs) are principally responsible for representing the Department in removal proceedings before immigration courts and the Board of Immigration Appeals. Specific responsibilities include the following:

- Reviews, prepares and presents cases for trial and on appeal
- Represents the Department in meetings, conferences and other forums
- Provides legal advice to the Office of Detention and Removal (DRO) and other DHS components
- Provides litigation support, legal assistance, and legal advice to the U.S. Attorney's Office in the litigation of civil and criminal cases
- Researches legal and policy issues
- Drafts memoranda, briefs, legal opinions, letters, reports and other documents

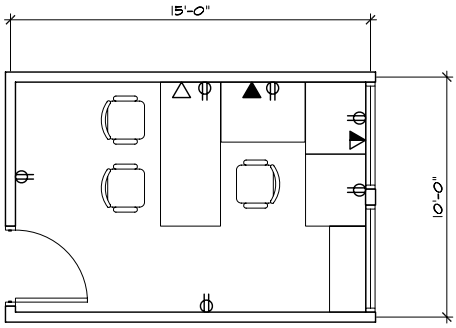
Normal occupancy is daily, 8-10 hours.



Photograph



Floor Plan - Option 1 (150 nsf)



Floor Plan - Option 2 (150 nsf)

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.4.2 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz. 100% cut pile nylon carpet • Base - RB	• ACT-8' high	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls • A & B ports shall be active

1.4.2 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk (Right Hand Return)	Unicor	Symphony	S6820U07MH	1
	Desk (Left Hand Return)	Unicor	Symphony	S6820U14MH	1
	Bookcase	Unicor	Symphony	S352012MH	1
	Credenza (Double Door)	Unicor	Symphony	S352007MH	1
	Desk Chair	Unicor	Classic Ergo	WP8007BLK3501	1
	Guest Chair	Unicor	Soprano	WVC6120MH7578	2
	Waste Receptacle				1
EQUIPMENT					
HARDWARE					
	Lockset				1

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.4 OPLA - Room Data Sheet

1.4.3 LEGAL TECHNICIAN WORKSTATION

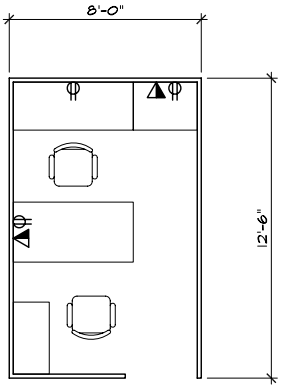
Function
The Legal Technicians provide direct support to the Deputy Chief Counsel and Assistant Chief Counsels. Specific responsibilities include the following:

- Receives, screens, sorts, distributes and sends out mail
- Types legal documents
- Prepares and files motions, briefs, exhibits and other documents
- Receives phone calls
- Retrieves and distributes A-files for immigration court hearings, and related matters
- Uses computers for data entry, tracking and ordering A-files and typing legal documents
- With attorney supervision, drafts simple motions, responses, letters and other documents
- Conducts factual research for immigration court hearings, and related matters

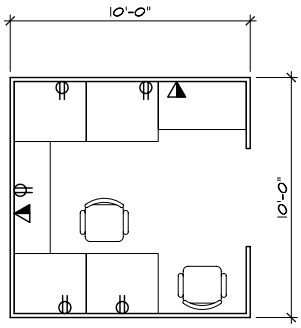
Normal occupancy is daily, 8-10 hours.



Photograph



Floor Plan - Option 1 (100 nsf)



Floor Plan - Option 2 (100 nsf)

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.4.3 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz 100% cut pile nylon carpet • Base - RB	• ACT-8' high min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• To accommodate systems furniture	• None	• To accommodate systems furniture • A & B ports shall be active

1.4.3 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems Furniture	Unicor	Crescendo	TBD	1
	Desk Chair	Unicor	Classic Ergo	WP8007BLK3501	1
	Guest Chair	Unicor	Soprano	WVC6120MH7578	1
	Waste Receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

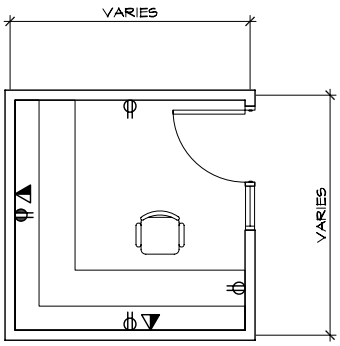
1.4 OPLA - Room Data Sheet

1.4.4 MAIL/FILE CLERK OFFICE

Function
The Mail Room is used for the receipt, screening, sorting, and distribution of all mail received by OPLA. This space can be either an enclosed office or an open workstation.



Photograph



Floor Plan (square footage varies)

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.4.4 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz. 100% cut pile nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior windows

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls • A & B ports shall be active

1.4.4 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk Chair	Unicor	Classic Ergo	WP8007BLK3501	1
	Built-in countertops to accommodate a large work area				
	Item-Sorter, 12 compartment, DVGY	DOD		FEL-25004	1
	Waste Receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

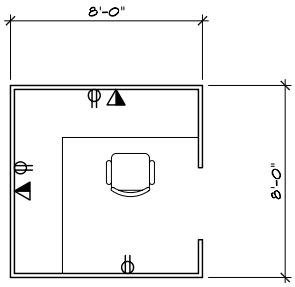
1.4 OPLA - Room Data Sheet

1.4.5 SUPPORT WORKSTATION W/SCANNER, PRINTER, FAX

Function
The Support Workstation will serve to support the OPLA staff and will house the fax machine, a large multi-page scanner with attached computer, and a typewriter.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ISDN Outlet D Duress Alarm Outlet

1.4.5 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz 100% cut pile nylon carpet • Base: RB	• ACT-8' high min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• To accommodate systems furniture and equipment	• None	• To accommodate systems furniture

1.4.5 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems Furniture	UNICOR	Crescendo	TBD	
	Desk Chair	UNICOR	Classic Ergo	WP8007BLK3501	1
	Waste Receptacle				1
EQUIPMENT					
	Network Printer				
	Fax Machine				
	Large Shredder				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.4 OPLA - Room Data Sheet

1.4.6 LAW LIBRARY/CONFERENCE ROOM

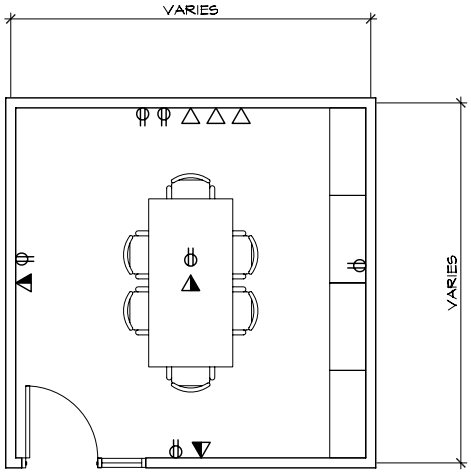
Function
The Law Library/Conference Room is used for legal research, and is also used by the OPLA attorneys for meetings with clients, OCC staff, EOIR, the private bar, and visitors. It is also used for training purposes.

Normal occupancy is daily, 8-10 hours.

The size of this space will vary based on the number of detainees and the total number of OPLA employees. The minimum size shall be 200 square feet and increase in size at 22 sf/occupant based on the occupant load prescribed in the space spreadsheet.



Photograph



Floor Plan (square footage varies)

The number of bookcases shall be determined by actual room dimensions; fill full length of long wall.

The 3 voice outlets grouped on end wall represent six (6) RJ 11/RJ 45 receptacles for video teleconferencing.

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ISDN Outlet D Duress Alarm Outlet

1.4.6 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• Floor capable of supporting live load of 150 lb. per sq. ft. • 35 oz 100% cut pile nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall • 110V duplex in floor/table	• PIR Sensor	• Voice & data on 2 walls • A & B ports shall be active

1.4.6 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Bookcase	Unicor	Symphony	S352013MH	3
	Conference Table	Unicor	Symphony	S723602MH	1
	Chair	Unicor	Soprano	WVC6120MH7578	6
	Waste Receptacle				1
	NOTE: the size of the conference room table and the quantity of chairs and bookcases will vary based on room size and occupancy.				
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

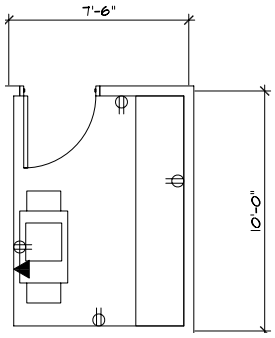
1.4 OPLA - Room Data Sheet

1.4.7 COPIER/STORAGE ROOM

Function
The copier/storage room is used to house one or more large multi-function copier(s) (one copier for each 6 attorneys) and space to store miscellaneous items.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.4.7 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT	• ACT-8' high min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• None

1.4.7 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	TBD by end user				
EQUIPMENT					
	Copier				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.4 OPLA - Room Data Sheet

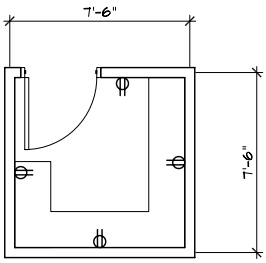
1.4.8 SUPPLY ROOM

Function
The Office Supply Storage Room is used to store paper, toner, notebooks, pens, and other office supplies necessary for the successful operation of a law office. It is also used to house one or more large multi-function copiers (one copier per six attorneys) and space to store miscellaneous items.

The size of this space will vary based on the number of detainees and the total number of OPLA employees. The minimum size shall be 50 square feet and increase in size at 2 sf/OPLA employee over 25, based on the staffing and space spreadsheets.



Photograph



Floor Plan (square footage varies; 2 sq. ft. per employee)

Shelving shall fill three walls adjacent to and opposite the wall with door.

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.4.8 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% cut pile nylon carpet • Base - RB	• ACT-8' high	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• None

1.4.8 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Metal Shelving Unit	Unicor	Closed	SHV046953	4
	NOTE: the quantity of metal shelves will vary based on room size.				
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.4 OPLA - Room Data Sheet

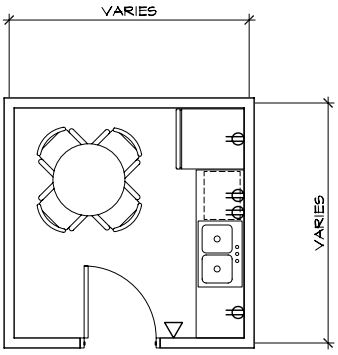
1.4.9 BREAKROOM

Function
The breakroom is used to provide OPLA personnel with space to eat lunch and take breaks.

The size of this space will vary based on the total number of OPLA employees. The size shall be determined using 25 square feet per occupant based on the staffing and space spreadsheets



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.4.9 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior windows

Plumbing	HVAC	Lighting	Power	Security	Communications
• Double bowl stainless steel kitchen sink with garbage disposal	• Typical • Exhaust fan	• Recessed Fluorescent	• 110V duplex on each wall • Elec. outlets for refrigerator & microwave • 2 GFCI outlets adjacent to the counter	• None	• Voice & data on 2 walls

1.4.9 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Table, 36" square	UNICOR		R03636TA1XANBC	Varies
	Multi-purpose seating	UNICOR	Choral	TPL1883BLK3501	Varies
	Waste receptacle with cover				
	Note: Quantity of tables and chairs will vary based on room size and occupancy.				
EQUIPMENT					
	Cable TV or Satellite Dish & Cable System				
	Refrigerator				
	Microwave Oven				
	Garbage Disposal				
	Coffee Maker				
HARDWARE					
	Door Hardware Lockset				

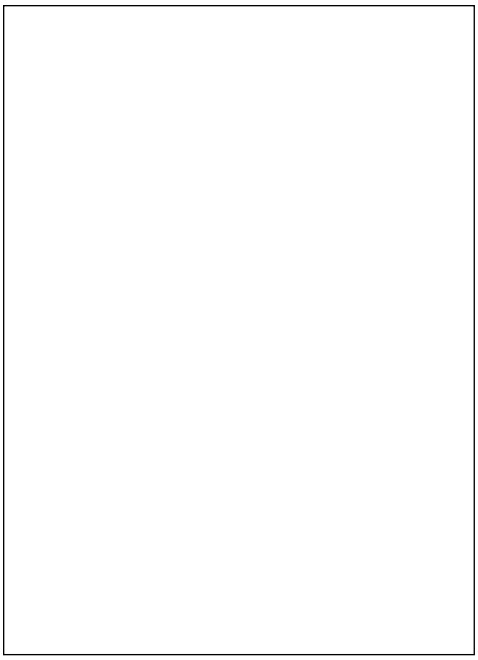
* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

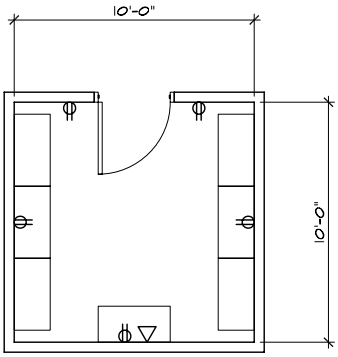
1.4 OPLA - Room Data Sheet

1.4.10 CLASSIFIED FILE ROOM

Function
The classified file room is used for securing and safeguarding classified files and other sensitive documents.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.4.10 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior windows

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Double bowl stainless steel kitchen sink with garbage disposal	• Typical • Exhaust fan	• Recessed Fluorescent	• 110V duplex on each wall • Elec. outlets for refrigerator & microwave • 2 GFCI outlets adjacent to the counter	• Access control on door	• Voice & data on 2 walls

1.4.9 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Five Drawer Lateral File, Sand	UNICOR		ZZLATFF53628	4-6
EQUIPMENT					
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.0 Office Zone

1.5 Removal Unit (ICE Operated)

Space Requirements

1.5.1 Supervisory Detention & Deportation Officer (SDDO) Office
1.5.2 Deportation Officer (DO) Office
1.5.3 Deportation Removal Assistant (DRA) Workstation
1.5.4 Shared Computer Workstation
1.5.5 Conference Room
1.5.6 Records/Files Room
1.5.7 Supply/Storage Room
1.5.8 Copier/Fax/Shredder Room
1.5.9 Printer Area
1.5.10 Officer Toilet - Male
1.5.11 Officer Toilet - Female

1.5 Removal Unit- Function

FUNCTION STATEMENT
The primary function of Removal Unit is managing and administering cases brought to the EOIR Court and arranging for the removal (deportation) of individuals to foreign countries.

The Removal Unit operates in docket teams. Multiple docket teams exist at larger facilities. They also maintain records on all individuals who have cases pending in the EOIR Court and those detained at the CDF.

Other activities include arranging for the travel documents and transportation for removal. Inquiries on the progress of cases are answered by the Removal Unit, and they may also issue Employment Authorization Documents for aliens who wish to work in the U.S.

The Removal Unit is located outside the secure perimeter and restricted to staff with controlled access to the public.

Design Criteria

Critical Issues

- ✓ Share equipment and files with OPLA
- ✓ Large centralized filing
- ✓ Adjacent/convenient to EOIR Court
- ✓ Cash transactions take place at the counter

Special Requirements

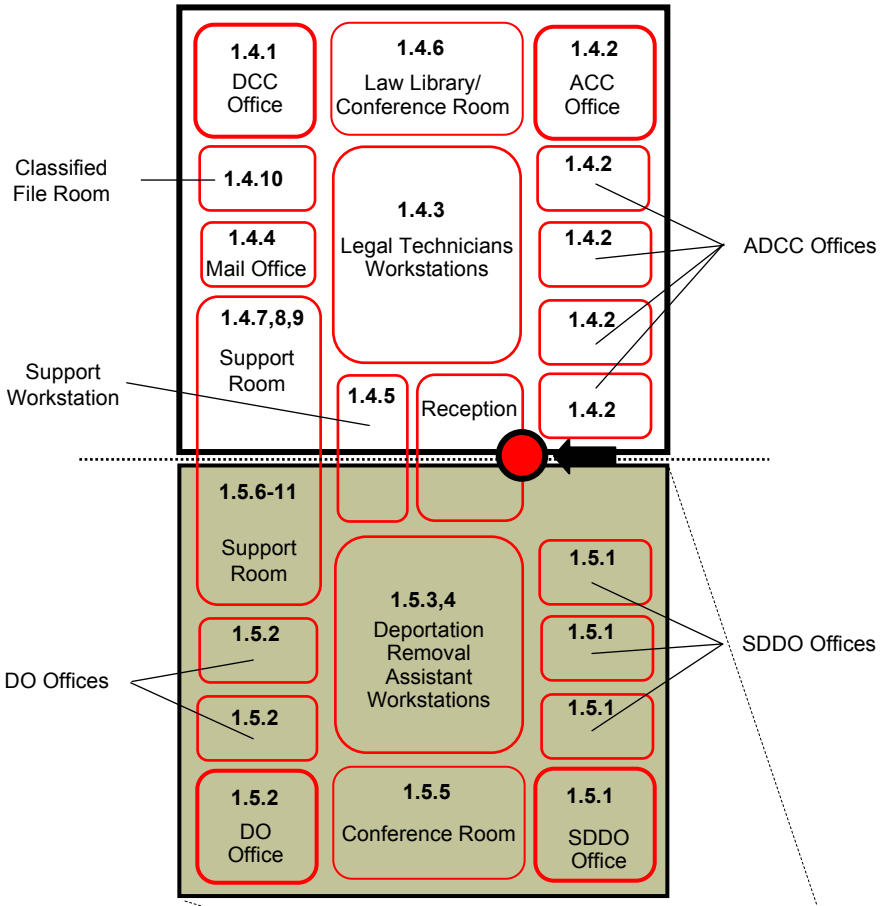
- ✓ Transaction counter to separate the office area from the public; accessed by public through transaction window
- ✓ Identification camera
- ✓ Secured/controlled access from public spaces
- ✓ Ticket machine with secure lock/location

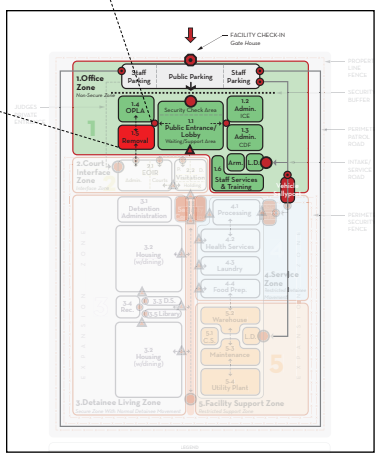
Space Requirements

1.5 REMOVAL UNIT

1.5.1	Supervisory Detention & Deportation Officer (SDDO) Office
1.5.2	Deportation Officer (DO) Office
1.5.3	Deportation Removal Assistant (DRA) Workstation
1.5.4	Shared Computer Workstation
1.5.5	Conference Room
1.5.6	Records/Files Room
1.5.7	Supply/Storage Room
1.5.8	Copier/Fax/Shredder Room
1.5.9	Printer Area
1.5.10	Officer Toilet - Male
1.5.11	Officer Toilet - Female

1.5 Removal Unit : Organizational Diagram





Office Zone Diagram

LEGEND

= Entry Points Into Other Areas

= Secure Door

= Circulation Pattern

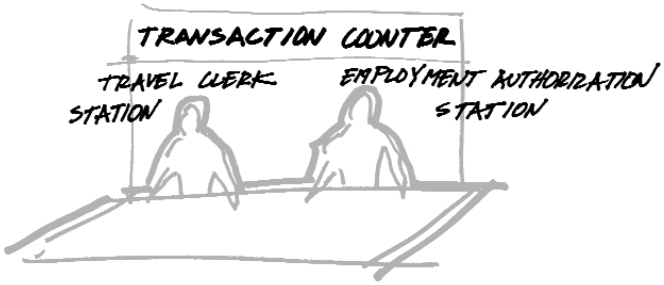
1.5 Removal Unit - Critical Workflow Patterns

INTRODUCTION

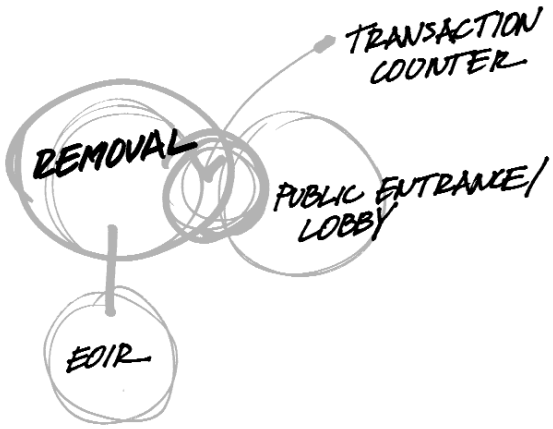
The diagrams on the following page illustrate some of the most critical workflow issues and patterns of Removal Unit.

1.5 Removal Unit : Critical Workflow Patterns

1. "PUBLIC TRANSACTION COUNTER"
Removal Unit should have public transaction counter stations for employment authorization documents and travel clerk workstation. The counter should be accessible from the Public Entrance/Lobby and be controlled by the security officer stationed in the lobby.



2. "CLOSE PROXIMITIES"
Removal Unit needs to be directly adjacent to the Public Entrance/Lobby and EOIR Court.



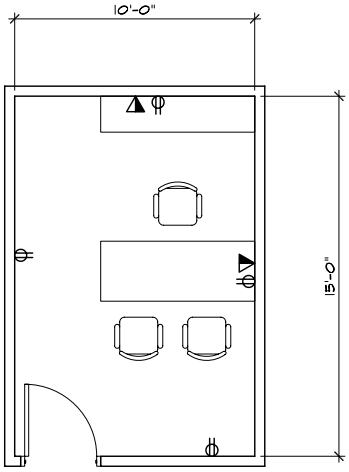
1.5 Removal Unit - Room Data Sheet

1.5.1 SUPERVISORY DETENTION & DEPORTATION OFFICER (SDDO) OFFICE

Function
The Supervisory Detention and Deportation Officer Office functions as an administrative and technical supervisor for DO's, IEA's and critical personnel. The SDDO serves as the principal advisor on all administrative management matters associated with programs and operations.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.1 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz. 100% cut pile nylon carpet • Base: RB	• ACT-8' min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlet on ea. wall	• None	• Voice & data on 2 walls

1.5.1 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Credenza				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.5 Removal Unit - Room Data Sheet

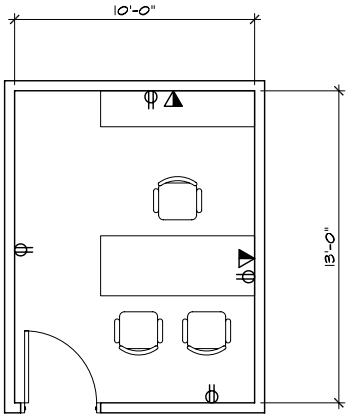
1.5.2 DEPORTATION OFFICER (DO) OFFICE

Function
The Deportation Officer's function is to manage removal cases, conduct fugitive operations and investigations, process intelligence information and participate in detention and removal hearings.

The DO works closely with ICE LED's and OPLA attorneys as well as US Attorney's Offices in identifying, locating, apprehending and prosecuting aliens, developing and coordinating intelligence, and defending removal or exclusion proceedings.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.2 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz. 100% cut pile nylon carpet • Base: RB	• ACT-8' min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlet on ea. wall	• None	• Voice & data on 2 walls

1.5.2 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Credenza				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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1.5 Removal Unit - Room Data Sheet

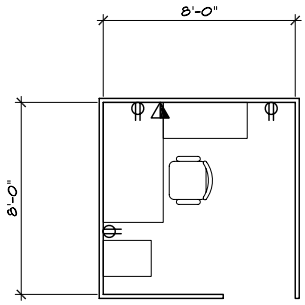
1.5.3 DEPORTATION REMOVAL ASSISTANT (DRA) WORKSTATION

Function
The Deportation Removal Assistant's function is to provide clerical and administrative support to the detention and removal program. Th DRA will have access to classified files and materials that consist of enforcement of laws and regulations pertaining to the detention and removal of aliens.

The DRA reviews removal and exclusion case files to determine the status of proceedings and takes appropriate action so that the case may be closed or moved onward; performs a variety of technical and clerical duties necessary in completing arrangements for physical removal.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ISDN Outlet D Duress Alarm Outlet

1.5.3 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz. 100% cut pile nylon carpet • Base: RB	• ACT-8' min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• To accommodate systems furniture	• None	• To accommodate systems furniture

1.5.3 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems furniture				1
	Desk chair				1
	Waste receptacle				1
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

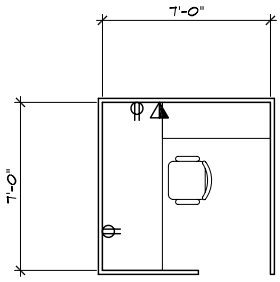
1.5 Removal Unit - Room Data Sheet

1.5.4 SHARED COMPUTER WORKSTATION

Function
The Shared Computer Workstation is an unassigned workspace used for computer access by staff not permanently assigned to this facility. Use is generally short term.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.4 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz. 100% cut pile nylon carpet • Base: RB	• ACT-8' min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• To accommodate systems furniture	• None	• To accommodate systems furniture

1.5.4 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems furniture				1
	Desk chair				1
	Waste receptacle				1
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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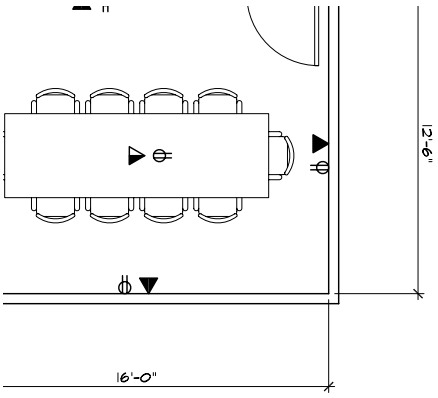
1.5 Removal Unit - Room Data Sheet

1.5.5 CONFERENCE ROOM

Function
The Conference Room is used for meetings and other intermittent training of Removal Unit staff. The size will increase based on the staff size and detainee population.



Photograph



Floor Plan

The 3 voice outlets grouped on end wall represent six (6) RJ 11/RJ 45 receptacles for video teleconferencing.

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.5 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz. 100% cut pile nylon carpet • Base: RB	• ACT-8' min.	• Solid core wood	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlets on ea. wall and center of table	• None	• Voice and data on center of table • Data on each wall

1.5.5 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Conference table				1
	Chairs				Varies
	NOTE: the size of the conference room table and the quantity of chairs and bookcases will vary based on room size and occupancy.				
EQUIPMENT					
	None				
HARDWARE					
	None				

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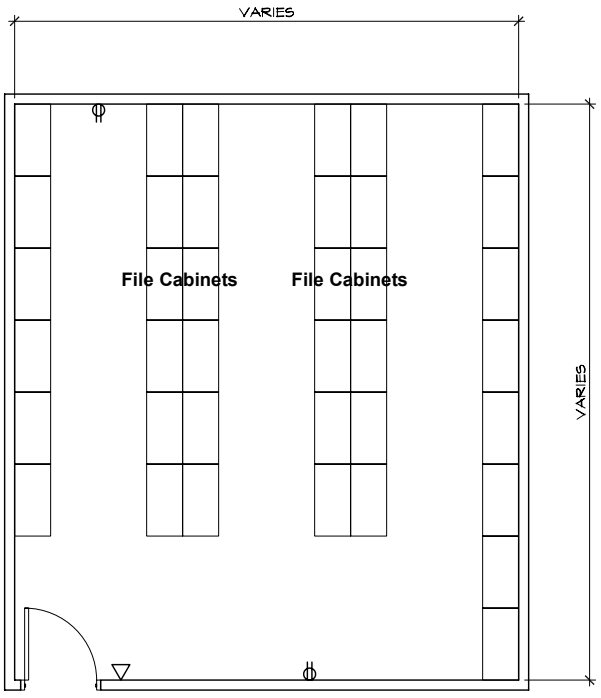
1.5 Removal Unit - Room Data Sheet

1.5.6 RECORDS/FILES ROOM

Function
The Records/File Room is used to secure detainee case files. The size of the Records/Files Room will vary based on the planned detainee population. This room shall be convenient to staff from OPLA and ICE Administration.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.6 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlet on 2 walls	• Access control on door	• None

1.5.6 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Lateral file cabinets				Varies
EQUIPMENT					
	None				
HARDWARE					
	Lockset				
	Electronic access reader				

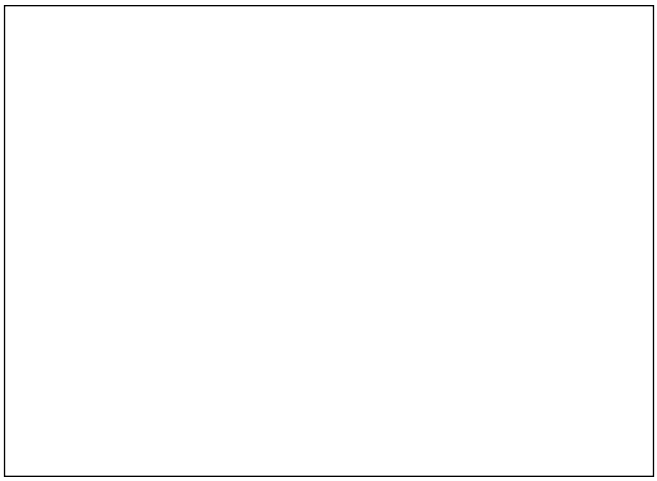
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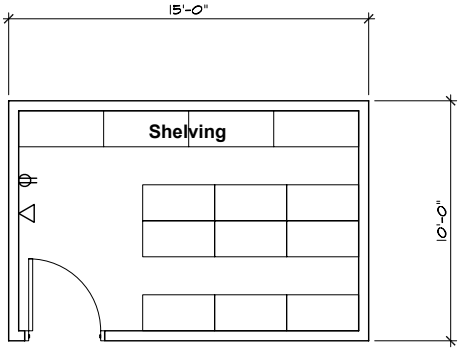
1.5 Removal Unit - Room Data Sheet

1.5.7 SUPPLY/STORAGE ROOM

Function
The Supply/Storage Room is used to stock boxes of copier paper, office supplies, standard forms and the like.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.7 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core woos	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlet	• None	• None

1.5.7 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Storage Cabinet				4
	Shelving				9
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				
	Closer	LCN	w/hold open	LCN4040	1

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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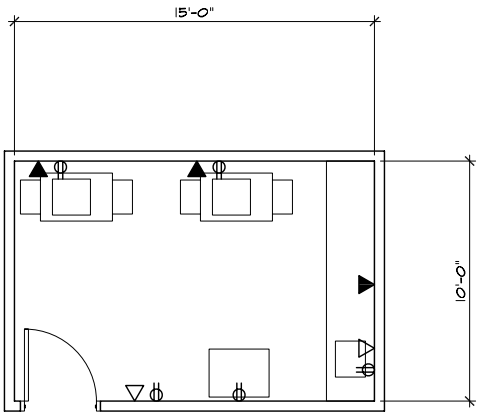
1.5 Removal Unit - Room Data Sheet

1.5.8 COPIER/FAX/SHREDDER ROOM

Function
The Copier/Fax/Shredder Room is used for mass copying, faxing documents, and shredding secure or sensitive documents.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.8 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• TBD based on dedicated circuits	• None	• Voice and data • Dedicated fax line • Data as required for copiers and fax

1.5.8 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Waste receptacle				1
EQUIPMENT					
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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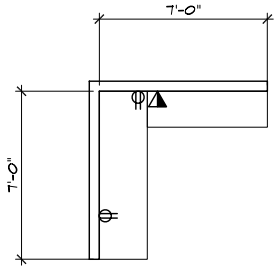
1.5 Removal Unit - Room Data Sheet

1.5.9 PRINTER AREA

Function
The Printer Area is an allocation of space within the open office environment for printers.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.9 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• TBD based on dedicated circuits	• None	• Voice and data • Data as required for printer

1.5.9 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Waste receptacle				1
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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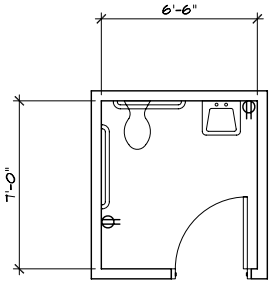
1.5 Removal Unit - Room Data Sheet

1.5.10 OFFICER TOILET - MALE

Function
The Male Officer Toilet is a single use room located within the Removal Unit.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.10 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• GWB type X	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Toilet • Lavatory	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlet-GFI	• None	• None

1.5.10 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				1
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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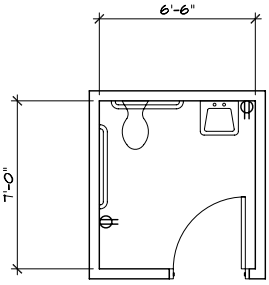
1.5 Removal Unit - Room Data Sheet

1.5.11 OFFICER TOILET - FEMALE

Function
The Female Officer Toilet is a single use room located within the Removal Unit.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.5.11 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• GWB type X	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Toilet • Lavatory	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlet-GFI	• None	• None

1.5.11 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				1
	Feminine napkin disposal unit				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.6 Staff Services and Training (ICE Operated)

Space Requirements

1.6.1 Staff Entrance Vestibule
1.6.2 Weapons Drop Area
1.6.3 Training Officer Office
1.6.4 Visiting Trainer Officer Office
1.6.5 Muster Room
1.6.6 Exercise Room
1.6.7 Physical Training Room
1.6.8 Classroom/Computer Training Room
1.6.9 FATS Training Room
1.6.10 ICE Armory
1.6.11 ICE Ready Room
1.6.12 Training File Area
1.6.13 Workroom
1.6.14 Resource Library
1.6.15 Staff Breakroom
1.6.16 Vending Area
1.6.17 Male Staff Lockers
1.6.18 Male Staff Toilet
1.6.19 Male Staff Shower
1.6.20 Male Shower Dressing Area
1.6.21 Female Staff Lockers
1.6.22 Female Staff Toilet
1.6.23 Female Staff Shower
1.6.24 Female Shower Dressing Area
1.6.25 Bulk Storage Room (Disposed Property)
1.6.26 Loading Dock & Staging

1.6 Staff Services and Training - Function

FUNCTION STATEMENT
The function of Staff Services and Training is to provide the level of instruction necessary for employees and the meeting, locker, and break facilities to serve the staff.

All staff requires training, including contract security guards, ICE detention officers, and clerical personnel. The training should accommodate all security and non-security personnel as recommended by the American Correctional Association (ACA). Training may occur on-site or off-site, and can be provided by trained officers, outside contract instructors, or in conjunction with other agencies.

Training may be divided into two broad categories: Staff Training and Special Training. Staff Training is site-specific training, some classroom training, plus some physical training. Special Training is provided on-site or at locations designated for the type of training, Special Training includes: Firearms Training, Bus Training, Commercial Driver's License (CDL) Training, Emergency Response Team (ERT), Special Weapons and Tactics (SWAT), and Fire Arms Training Scenarios (FATS).

Staff Services are the areas that allow the staff to change and prepare prior to coming on duty, store their personal items outside of the secure perimeter at the facility, plus perform tasks, such as report writing, away from their posts and to relax during breaks or exercise.

The CDF has a staff muster for each shift with all the security staff assembled for a daily briefing before they go on duty.

Design Criteria

Critical Issues

- ✓ Training located outside secure perimeter

Special Requirements

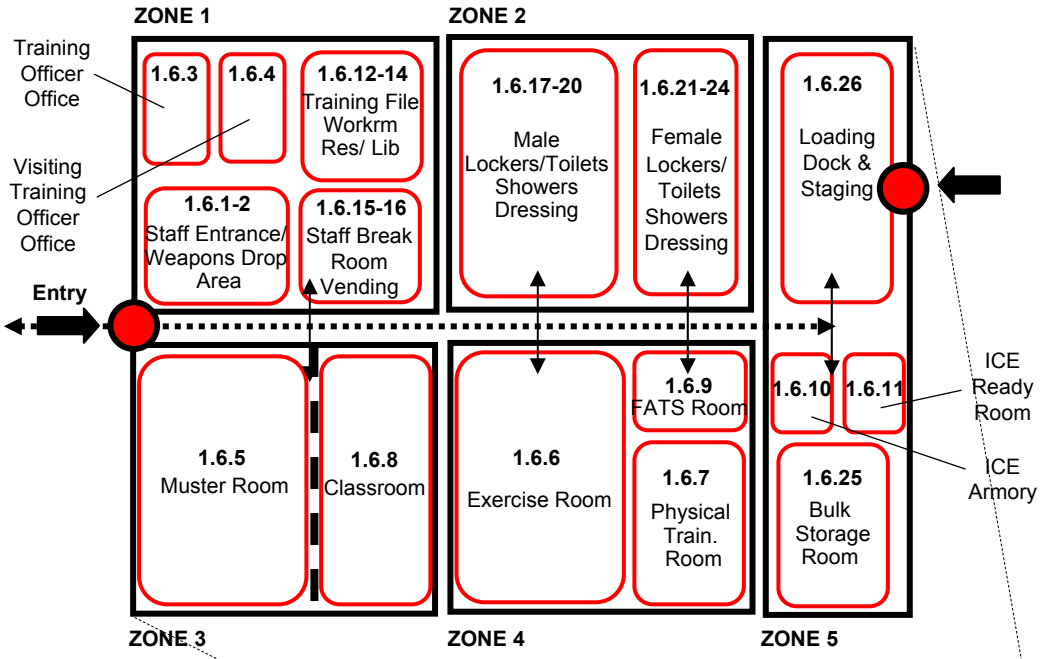
- ✓ Audio visual equipment
- ✓ Physical fitness and training equipment

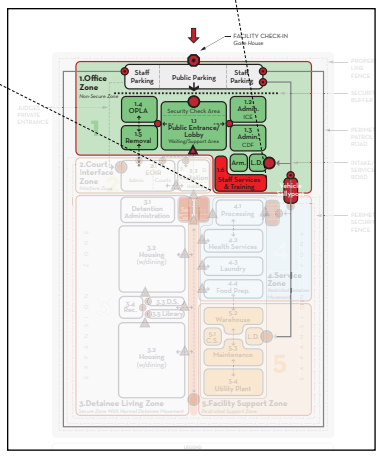
Space Requirements

1.6 STAFF SERVICES AND TRAINING

1.6.1	Staff Entrance Vestibule
1.6.2	Weapons Drop Area
1.6.3	Training Officer Office
1.6.4	Visiting Trainer Officer Office
1.6.5	Muster Room
1.6.6	Exercise Room
1.6.7	Physical Training Room
1.6.8	Classroom/Computer Training Room
1.6.9	FATS Training Room
1.6.10	ICE Armory
1.6.11	ICE Ready Room
1.6.12	Training File Area
1.6.13	Workroom
1.6.14	Resource Library
1.6.15	Staff Breakroom
1.6.16	Vending Area
1.6.17	Male Staff Lockers
1.6.18	Male Staff Toilet
1.6.19	Male Staff Shower
1.6.20	Male Shower Dressing Area
1.6.21	Female Staff Lockers
1.6.22	Female Staff Toilet
1.6.23	Female Staff Shower
1.6.24	Female Shower Dressing Area
1.6.25	Bulk Storage Room (Disposed Property)
1.6.26	Loading Dock & Staging

1.6 Staff Services and Training : Organizational Diagram





Office Zone Diagram

LEGEND

= Entry Points Into Other Areas

= Secure Door

= Circulation Pattern

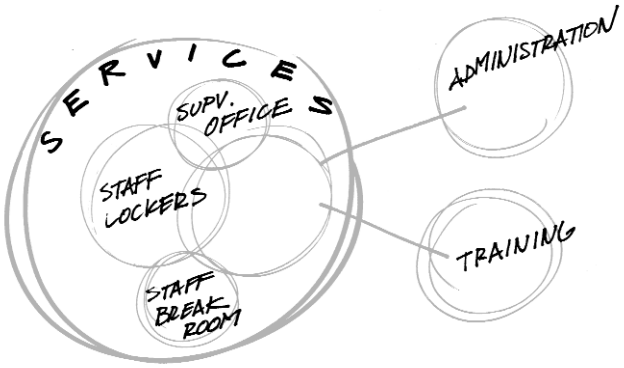
1.6 Staff Services and Training - Critical Workflow Patterns

INTRODUCTION

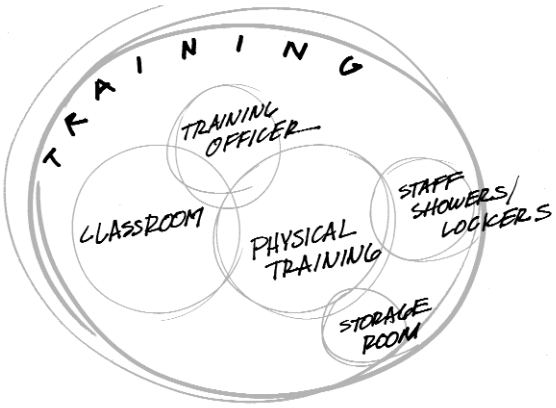
The diagrams on the following page illustrate some of the most critical workflow issues and patterns of the Staff Services and Training.

1.6 Staff Services and Training : Critical Workflow Patterns

1. "CRITICAL ADJACENCIES - SERVICES"
Staff Services are the areas that allow the staff to change and prepare prior to coming on duty, store their personal items outside of the secure perimeter, perform tasks such as report writing away from their posts, and to relax during breaks.



2. "CRITICAL ADJACENCIES - TRAINING"
Training should be located outside the main secure perimeter in a zone restricted only to staff.



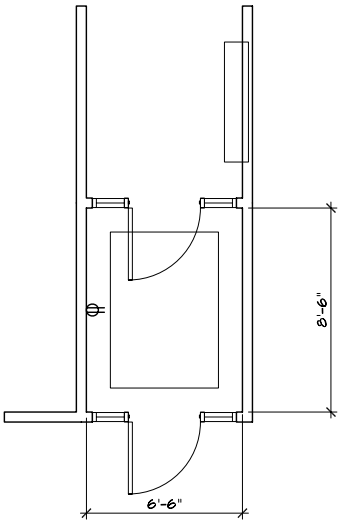
1.6 Staff Services and Training - Room Data Sheet

1.6.1 STAFF ENTRANCE VESTIBULE

Function
The Staff Entrance Vestibule is used to provide a thermal break between the exterior and interior of the building. It also serves as a secure point when the interior doors are in the locked position.This entrance is used by staff and contract personnel only.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.1 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• CT	• GWB-8' high min.	• Glass	• See below	• Interior & exterior

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• See below	• None

1.6.1 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Gun locker				Varies
EQUIPMENT					
	None				
HARDWARE					
	Locksets				
	Electronic access reader				
	Concealed hinges				
	Weather stripping				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

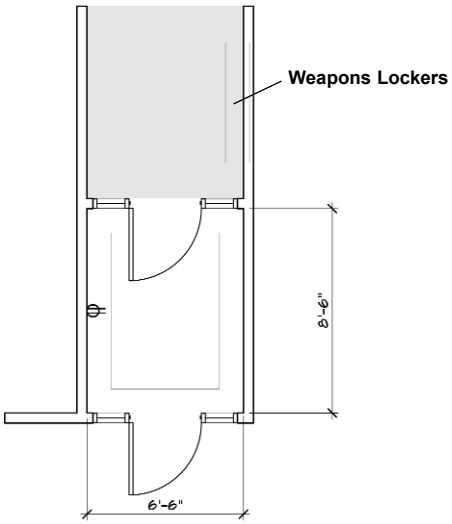
1.6 Staff Services and Training - Room Data Sheet

1.6.2 WEAPONS DROP AREA

Function
The Weapons Drop Area is a space located directly inside the Staff Entrance Vestibule for securing weapons prior to entering the facility.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.2 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 3CT	• ACT-8' high min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• ?	• ?

1.6.2 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
EQUIPMENT					
	Lockers				Varies
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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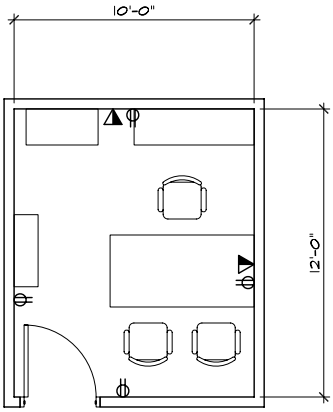
1.6 Staff Services and Training - Room Data Sheet

1.6.3 TRAINING OFFICER OFFICE

Function
The Training Officer plans, develops, monitors and evaluates courses and training activities for comprehensive emergency management programs. The Training Officer also monitors assigned training activities and assists in the completion of needs assessment, development and delivery actions, evaluation activities, and preparation of materials for assigned courses and activities. Responsible for development of assigned training activities, courses, and other adult learning events, to meet requirements.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.3 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	HVAC	Lighting	Power	Security	Communications
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.6.3 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Desk				1
	Credenza				1
	Bookcase				1
	Lateral file				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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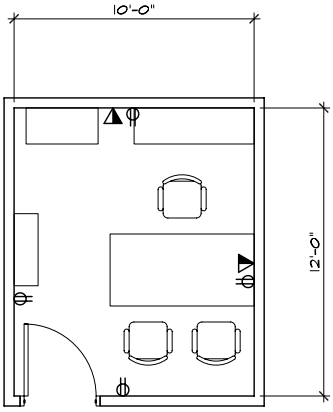
1.6 Staff Services and Training - Room Data Sheet

1.6.4 VISITING TRAINING OFFICER OFFICE

Function
The Visiting Training Officer supports the facility's Training Officer with their daily duties.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.4 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	HVAC	Lighting	Power	Security	Communications
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.6.4 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Desk				1
	Credenza				1
	Bookcase				1
	Lateral file				1
	Desk chair				1
	Side chair				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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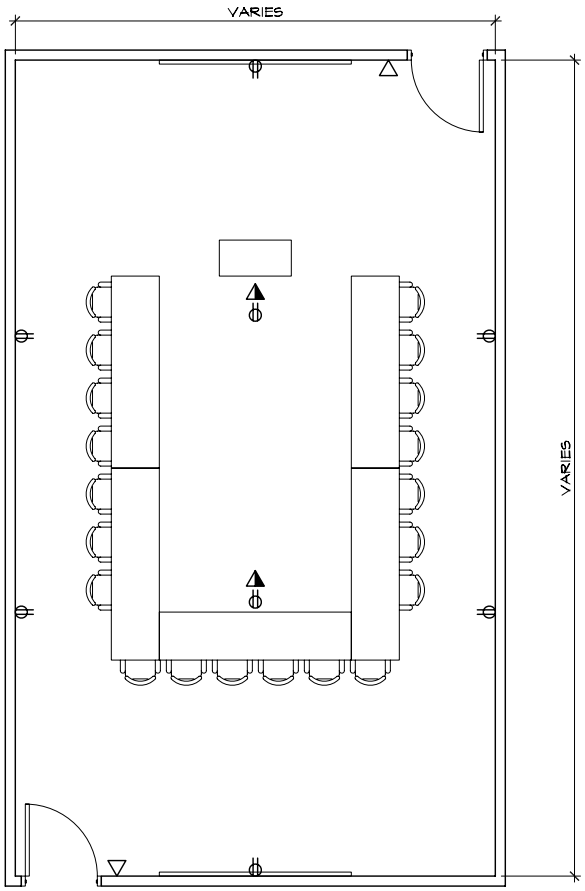
1.6 Staff Services and Training - Room Data Sheet

1.6.5 MUSTER ROOM

Function
The Muster Room is a large, flexible meeting space where officers meet before their shift to receive assignments, briefings and to discuss operational matters. The room could be set in a U-shape, classroom or theater set and may also double-function as a conference room or training room.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.5 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlets TBD by end user	• None	• Voice & data on TBD by end user

1.6.5 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Table				Varies
	Chair				Varies
	White board - 8'				2
	Podium				1
	Manual projection screen				1
	NOTE: quantity of tables and chairs will vary with room size and occupancy				
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

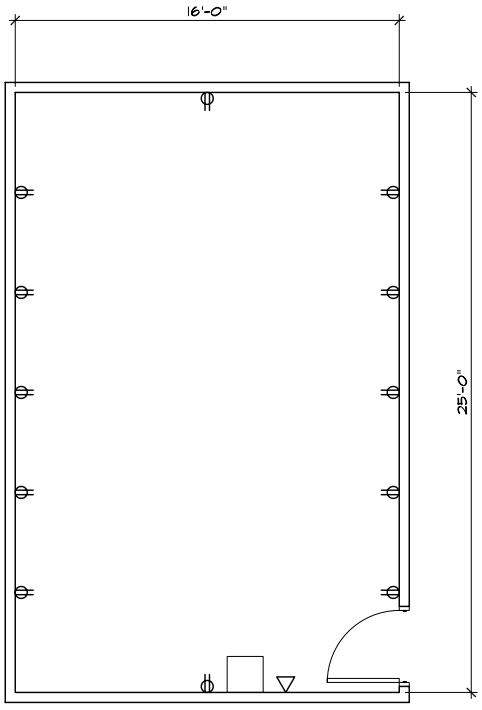
1.6 Staff Services and Training - Room Data Sheet

1.6.6 EXERCISE ROOM

Function
The Exercise Room provides all ICE staff with the opportunity to exercise within the facility. Depending on the size of the facility, the Exercise Room may contain cardiovascular (elipticals, treadmills, stationary bikes) and resistance (free weights, machines) equipment.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.6 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• Fitness floor	• ACT-9' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Drinking fountain	• Typical with exhaust	• Recessed Fluorescent	• 110V duplex TBD by end user	• None	• Voice

1.6.6 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Exercise equipment by owner				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

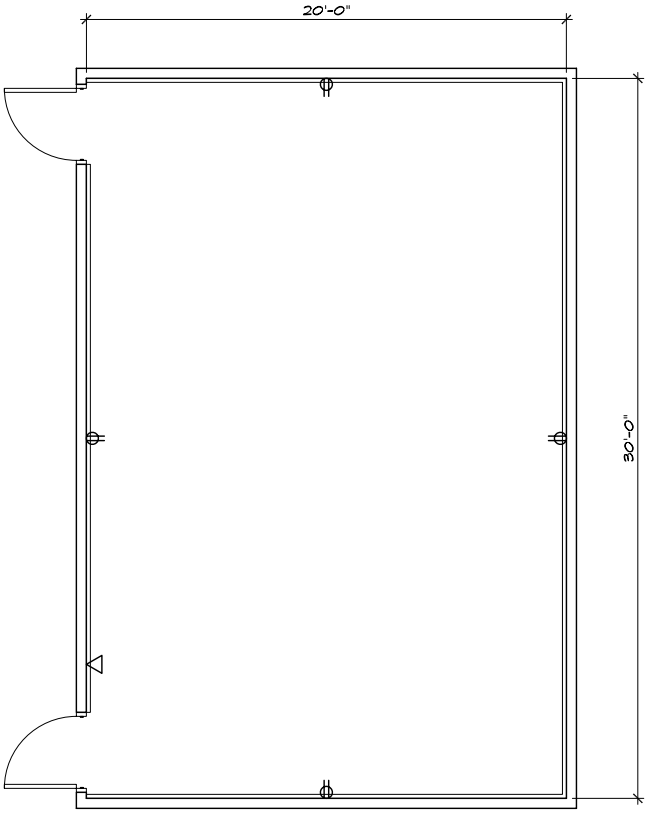
1.6 Staff Services and Training - Room Data Sheet

1.6.7 PHYSICAL TRAINING ROOM

Function
The Physical Training Room is a training space for non-lethal weapons training, hand-to-hand training, and other physical training techniques.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.7 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Padded	• Padded/fitness floor	• ACT-9' high min.	• Solid core wood	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• None

1.6.7 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Whiteboard - 8'				1
EQUIPMENT					
	Wall pads - 6' high, full width, all walls				Varies
HARDWARE					
	None				

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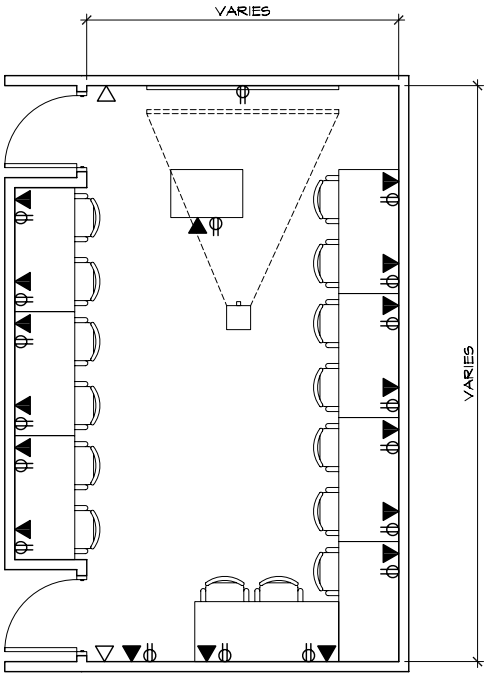
1.6 Staff Services and Training - Room Data Sheet

1.6.8 CLASSROOM/COMPUTER TRAINING ROOM

Function
The Classroom/Computer Training Room serves as the primary space within the facility for staff training. It is a multi-functional room with A/V and computer infrastructure as well as the flexibility to conduct basic classroom functions.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.8 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent with dimmer	• 110V duplex TBD by end user	• None	• Voice & data TBD by end user

1.6.8 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Tables				Varies
	Chairs				Varies
	Whiteboard - 8'				1
EQUIPMENT					
	Manual projection screen				1
	Ceiling hung projector				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

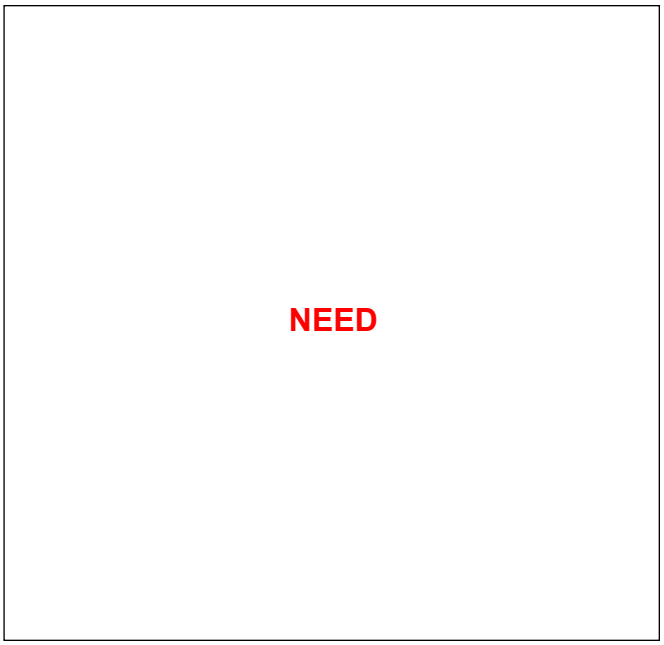
1.6 Staff Services and Training - Room Data Sheet

1.6.9 FATS TRAINING ROOM

Function
The...



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.9 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	HVAC	Lighting	Power	Security	Communications
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

1.6.9 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.6 Staff Services and Training - Room Data Sheet

1.6.10 ICE ARMORY

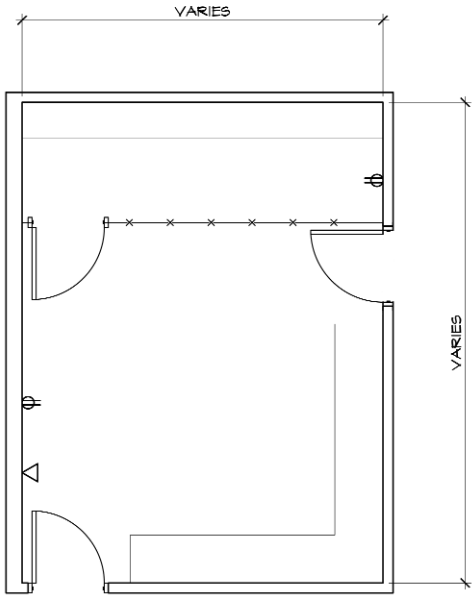
Function
The armory should be located outside the secure perimeter but near Central Control in order to provide visual monitoring. Entrance to this area should be controlled with a key and alarm system. Entrances to the armory should be video monitored and recorded. The armory should be equipped with two (2) doors: a main door and a day door. The day door provides daytime access for security staff to the armory for practice, cleaning, and maintenance.

The armory should be at least a minimum of 18.5 square meters (200 square feet) and must be able to accommodate a workbench for cleaning and repairing weapons. Gas, weapons, ammunition, shotguns, riot guns, and specialized equipment are stored in the armory. Some disturbance equipment (shields, vests, batons, etc.) may also be stored in this space. Guns are double-locked or kept in a gun chamber within the armory.

The armory must be equipped with a fire suppression system and should be climate controlled. Venting to the outdoors is necessary because of solvents and waste storage.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.10 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
•	•	•	•	•	•

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
•	•	•	•	•	•

1.6.10 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

1.6 Staff Services and Training - Room Data Sheet

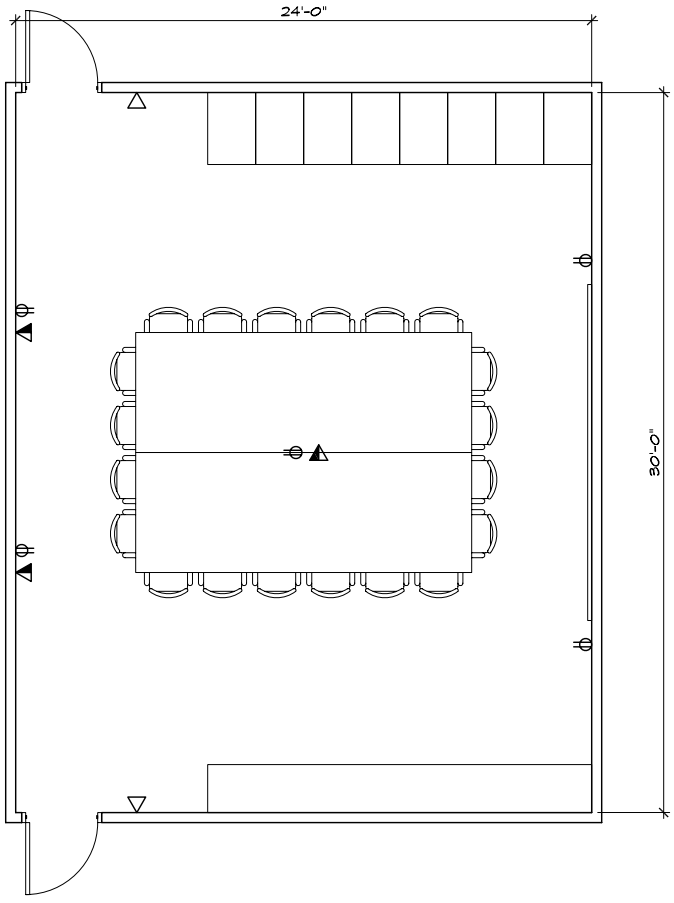
1.6.11 ICE READY ROOM

Function
A Ready Room is required adjacent to the armory. The ready room serves as an area for equipping security staff when an incident occurs. In some CDF facilities, the muster room may serve as the ready room. Ready rooms should be equipped with eyewash/shower stations.

Special Weapons and Tactics (SWAT) team equipment closets should be located at two or three decentralized locations in the CDF. Decentralized SWAT team equipment allows for quicker team response to incidents within the facility. These closets should hold disturbance equipment such as shields, vests, batons, etc.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.11 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
•	•	•	•	•	•

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
•	•	•	•	•	•

1.6.11 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

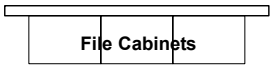
1.6 Staff Services and Training - Room Data Sheet

1.6.12 TRAINING FILE AREA

Function
The Training File Area is an allocation of space in the Staff Services and Training area for Training Files.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.12 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• ACT-8' min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• TBD based on dedicated circuits	• None	• Voice and data

1.6.12 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Waste receptacle				1
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

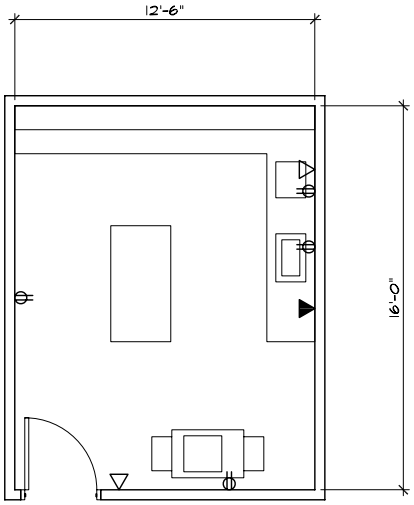
1.6 Staff Services and Training - Room Data Sheet

1.6.13 WORKROOM

Function
The Workroom is a space for copying, faxing, and scanning documents as well as duplicating, collating and assembling training materials.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.13 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• PNT	• VCT • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	HVAC	Lighting	Power	Security	Communications
• None	• Typical	• Recessed Fluorescent	• 110V duplex outlets, dedicated circuits as determined by end user	• None	• Voice & data as determined by end user

1.6.13 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Table				1
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

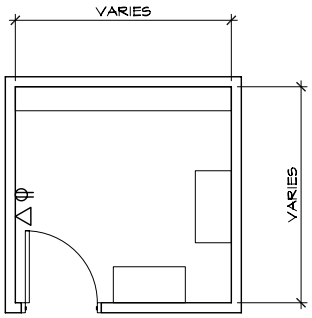
1.6 Staff Services and Training - Room Data Sheet

1.6.14 RESOURCE LIBRARY

Function
The function of the Resource Library is to serve as a secure space for storing training materials and aides.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ISDN Outlet D Duress Alarm Outlet

1.6.14 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex	• None	• None

1.6.14 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Shelves				Varies
	Lateral file cabinet				Varies
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

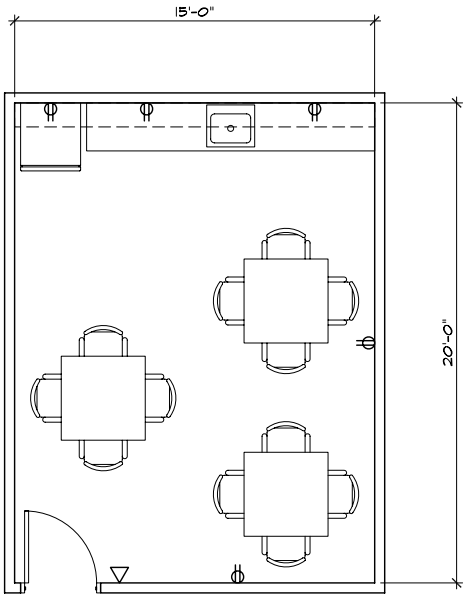
1.6 Staff Services and Training - Room Data Sheet

1.6.15 STAFF BREAKROOM

Function
The Staff Breakroom is used for food storage and minor food preparation (microwave) as well as staff lunch and coffee breaks.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.15 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• PNT	• VCT • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• Sink, faucet, garbage disposer	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlets • GFI as required	• None	• None

1.6.15 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Table				Varies
	Chairs				Varies
	Waste receptacle				1
EQUIPMENT					
	Refrigerator/Freezer - 18cf				
	Sink				
	Faucet				
	Garbage Disposer				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

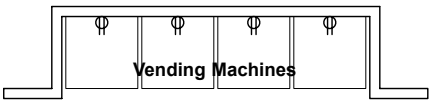
1.6 Staff Services and Training - Room Data Sheet

1.6.16 VENDING AREA

Function
The Vending Area is a space allocation for vending machines that provide the staff with food and refreshments.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.16 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base - RB	• ACT-8' high min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• As required by vending machines	• Typical	• Recessed Fluorescent	• As required by vending machines	• None	• None

1.6.16 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	N/A				
EQUIPMENT					
	N/A				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

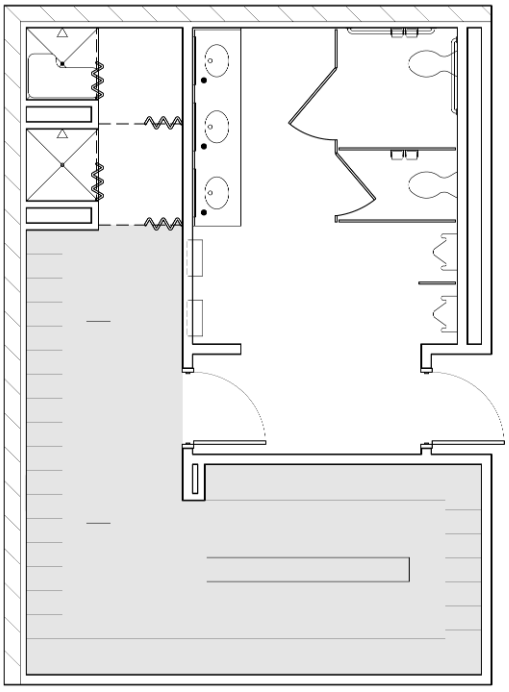
1.6 Staff Services and Training - Room Data Sheet

1.6.17 MALE STAFF LOCKERS

Function
The Male Staff Lockers provide all uniformed agents and selected staff members a place to secure and store clothing and personal belongings. Agents may choose to arrive to work in civilian clothing and then change into their uniform at the CDF. The Staff Locker area is intended to be the space where this occurs.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.17 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• Ceramic tile • Base - CT	• Vinyl faced GWB, suspend-ed, lay-in	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical w/exhaust	• Recessed Fluorescent	• none	• None	• None

1.6.17 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Wood Bench				Varies
EQUIPMENT					
	Lockers				Varies
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

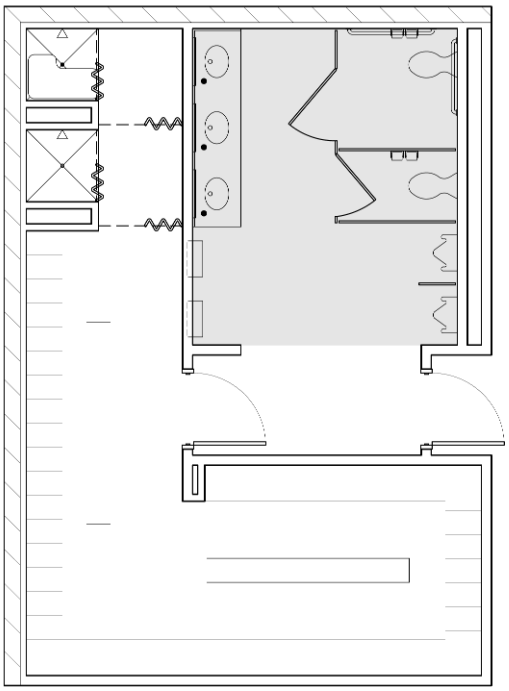
1.6 Staff Services and Training - Room Data Sheet

1.6.18 MALE STAFF TOILET

Function
The Male Staff Toilet is a multi-use toilet room directly adjacent to the Male Staff Lockers.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.18 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• CT-8' high • NT above 8'	• Ceramic tile • Base - CT	• Vinyl faced GWB, suspend-ed, lay-in	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Toilets, lavatories	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex @ at lavatories	• None	• None

1.6.18 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

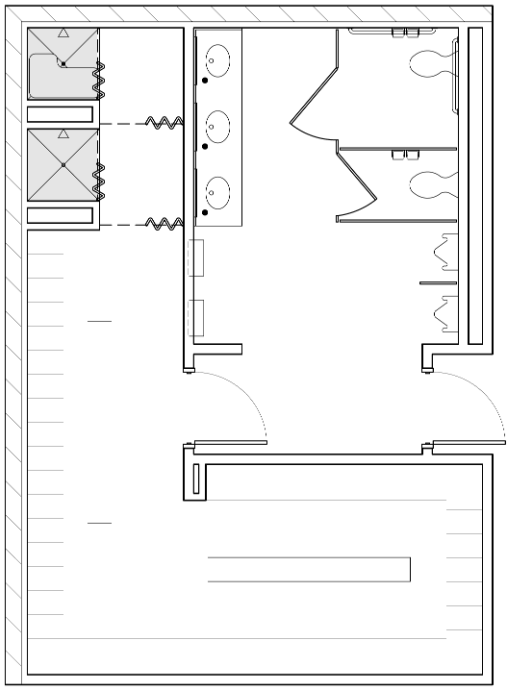
1.6 Staff Services and Training - Room Data Sheet

1.6.19 MALE STAFF SHOWER

Function
The Male Staff Shower is a place for agents or staff to shower after their shift or after exercising. It is directly adjacent to the Male Staff Lockers and Male Staff Toilets.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.19 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• CT - full height	• CT • Base-CT	• GWB-type X	• N/A	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Showers • Floor drain	• Typical w/exhaust	• Recessed Fluorescent	• None	• None	• None

1.6.19 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	N/A				
EQUIPMENT					
	Shower Curtain				
	Shower Rod				
	Shower Accessories				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

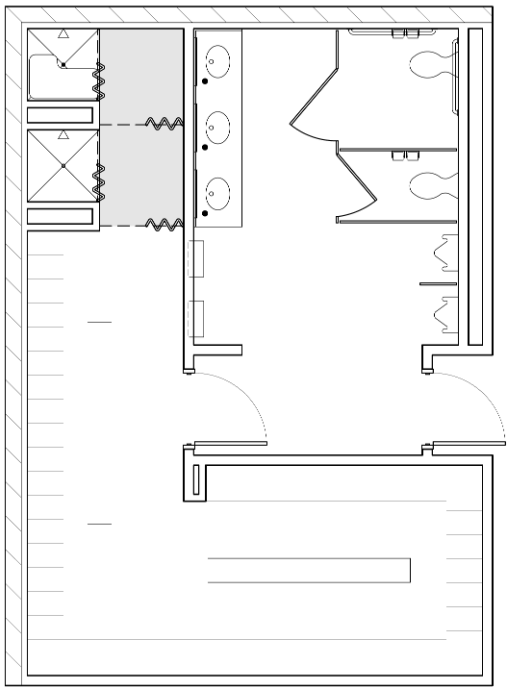
1.6 Staff Services and Training - Room Data Sheet

1.6.20 MALE SHOWER DRESSING AREA

Function
The Male Shower Dressing Area is a private space for agents/staff to towel off and get dressed after showering. It is located directly adjacent to the Male Staff Showers.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.20 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• CT-8' high • PNT above 8'	• CT • Base - CT	• GWB-type X	• Solid core wood	• See below	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• Floor drain	• Typical w/exhaust	• Recessed Fluorescent	• None	• None	• None

1.6.20 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Wall mounted bench				Varies
EQUIPMENT					
	Shower Curtain				
	Shower Rod				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

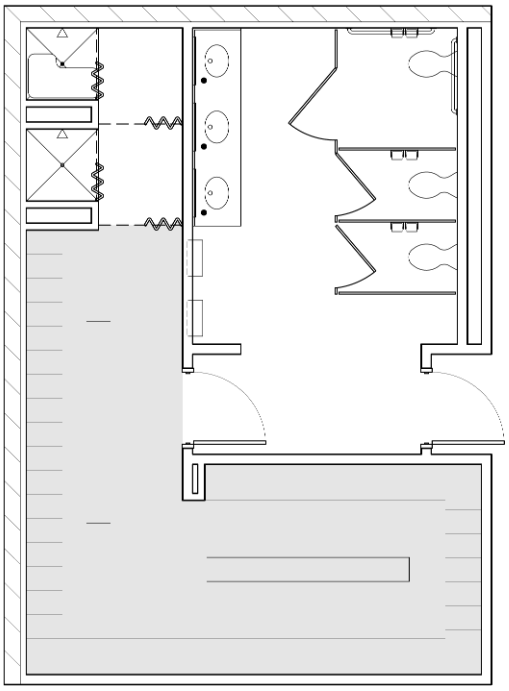
1.6 Staff Services and Training - Room Data Sheet

1.6.21 FEMALE STAFF LOCKERS

Function
The Female Staff Lockers provide all uniformed agents and selected staff members a place to secure and store clothing and personal belongings. Agents may choose to arrive to work in civilian clothing and then change into their uniform at the CDF. The Staff Locker area is intended to be the space where this occurs.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.21 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• Ceramic tile • Base - CT	• Vinyl faced GWB, suspend-ed, lay-in	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical w/exhaust	• Recessed Fluorescent	• none	• None	• None

1.6.21 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Wood Bench				Varies
EQUIPMENT					
	Lockers				Varies
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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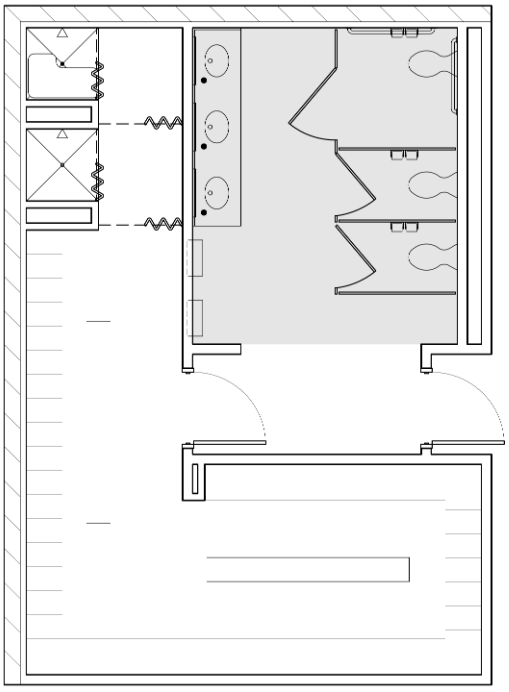
1.6 Staff Services and Training - Room Data Sheet

1.6.22 FEMALE STAFF TOILET

Function
The Female Staff Toilet is a multi-use toilet room directly adjacent to the Male Staff Lockers.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.22 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• CT-8' high • NT above 8'	• Ceramic tile • Base - CT	• Vinyl faced GWB, suspend-ed, lay-in	• Solid core wood	• See below	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• Toilets, lavatories	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex @ at lavatories	• None	• None

1.6.22 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

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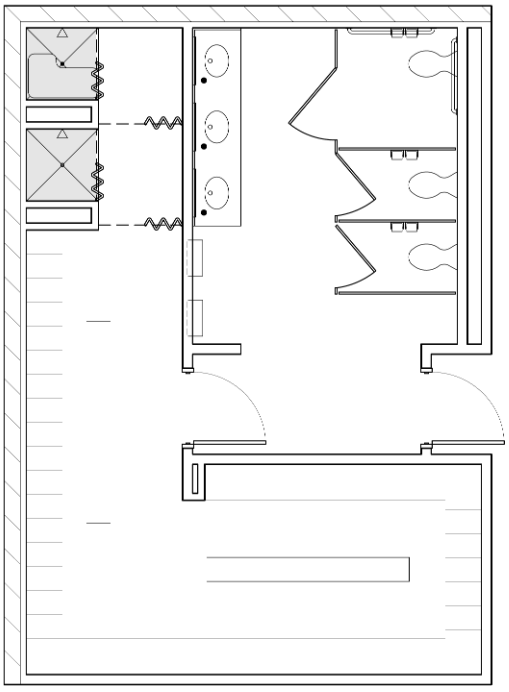
1.6 Staff Services and Training - Room Data Sheet

1.6.23 FEMALE STAFF SHOWER

Function
The Female Staff Shower is a place for agents or staff to shower after their shift or after exercising. It is directly adjacent to the Male Staff Lockers and Male Staff Toilets.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.23 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• CT - full height	• CT • Base-CT	• GWB-type X	• N/A	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Showers • Floor drain	• Typical w/exhaust	• Recessed Fluorescent	• None	• None	• None

1.6.23 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	N/A				
EQUIPMENT					
	Shower Curtain				
	Shower Rod				
	Shower Accessories				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

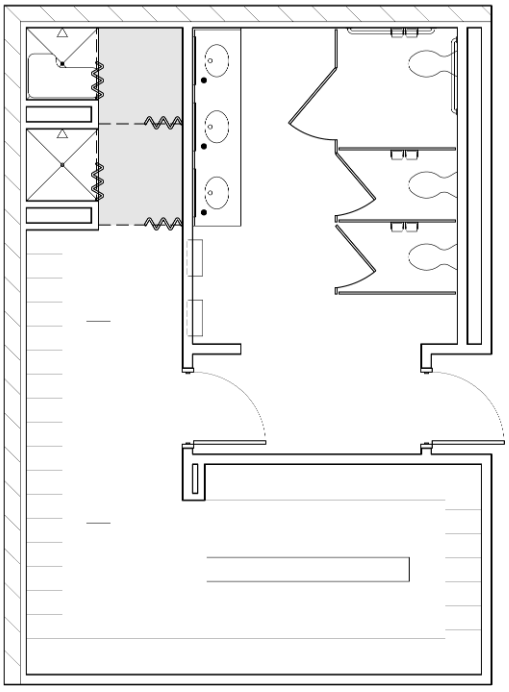
1.6 Staff Services and Training - Room Data Sheet

1.6.24 FEMALE SHOWER DRESSING AREA

Function
The Female Shower Dressing Area is a private space for agents/staff to towel off and get dressed after showering. It is located directly adjacent to the Male Staff Showers.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.24 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• CT-8' high • PNT above 8'	• CT • Base - CT	• GWB-type X	• Solid core wood	• See below	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• Floor drain	• Typical w/exhaust	• Recessed Fluorescent	• None	• None	• None

1.6.24 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Wall mounted bench				Varies
EQUIPMENT					
	Shower Curtain				
	Shower Rod				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

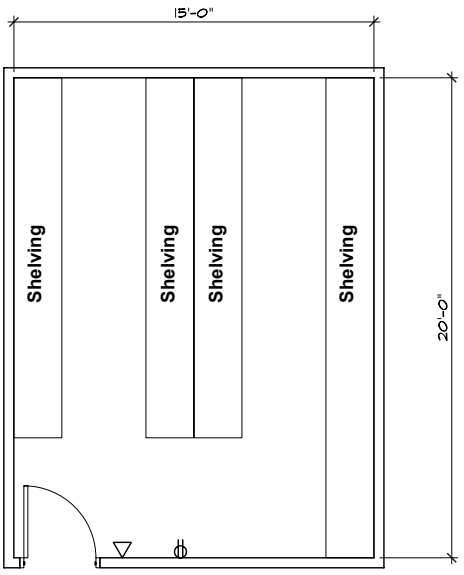
1.6 Staff Services and Training - Room Data Sheet

1.6.25 BULK STORAGE ROOM

Function
The Bulk Storage Room is a secured space for housing disposed property.

NEED

Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.25 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base - RB	• ACT-8' high min.	• Hollow metal	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• None

1.6.25 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Shelves				Varies
	NOTE: quantity and size of shelving varies with room size				
EQUIPMENT					
	None				
HARDWARE					
	Lockset				
	Closer	LCN	With hold open	LCN4040	1

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

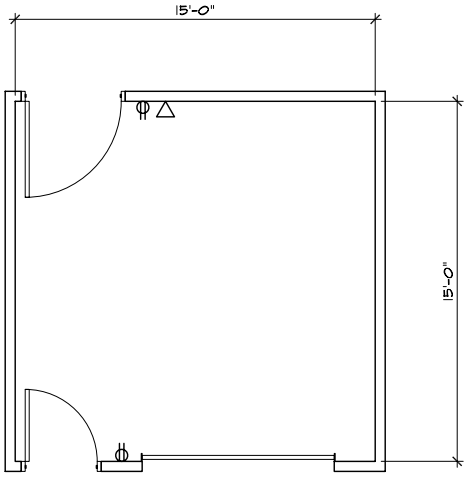
1.6 Staff Services and Training - Room Data Sheet

1.6.26 LOADING DOCK & STAGING

Function
The Loading Dock is the primary delivery point for all ICE related goods such as office supplies, furniture, training supplies and equipment, computers, and ammunition.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

1.6.26 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• PNT	• Concrete, sealed	• None	• Hollow metal	• See below	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• None	• Typical	• Suspended Fluorescent	• 110V duplex on 2 walls	• See below	• Voice - one • Data - none

1.6.26 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	None				
EQUIPMENT					
	Power overhead door operator				1
HARDWARE					
	Electronic access reader - exterior door				
	Concealed hinges - exterior door				
	Weather Stripping				
	Lockset - interior door				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

2.0 Court Interface Zone

2.1 EOIR Court (DOJ Responsibility)
2.2 Public/Detainee Visitation (Contractor Responsibility)

2.0 Court Interface Zone

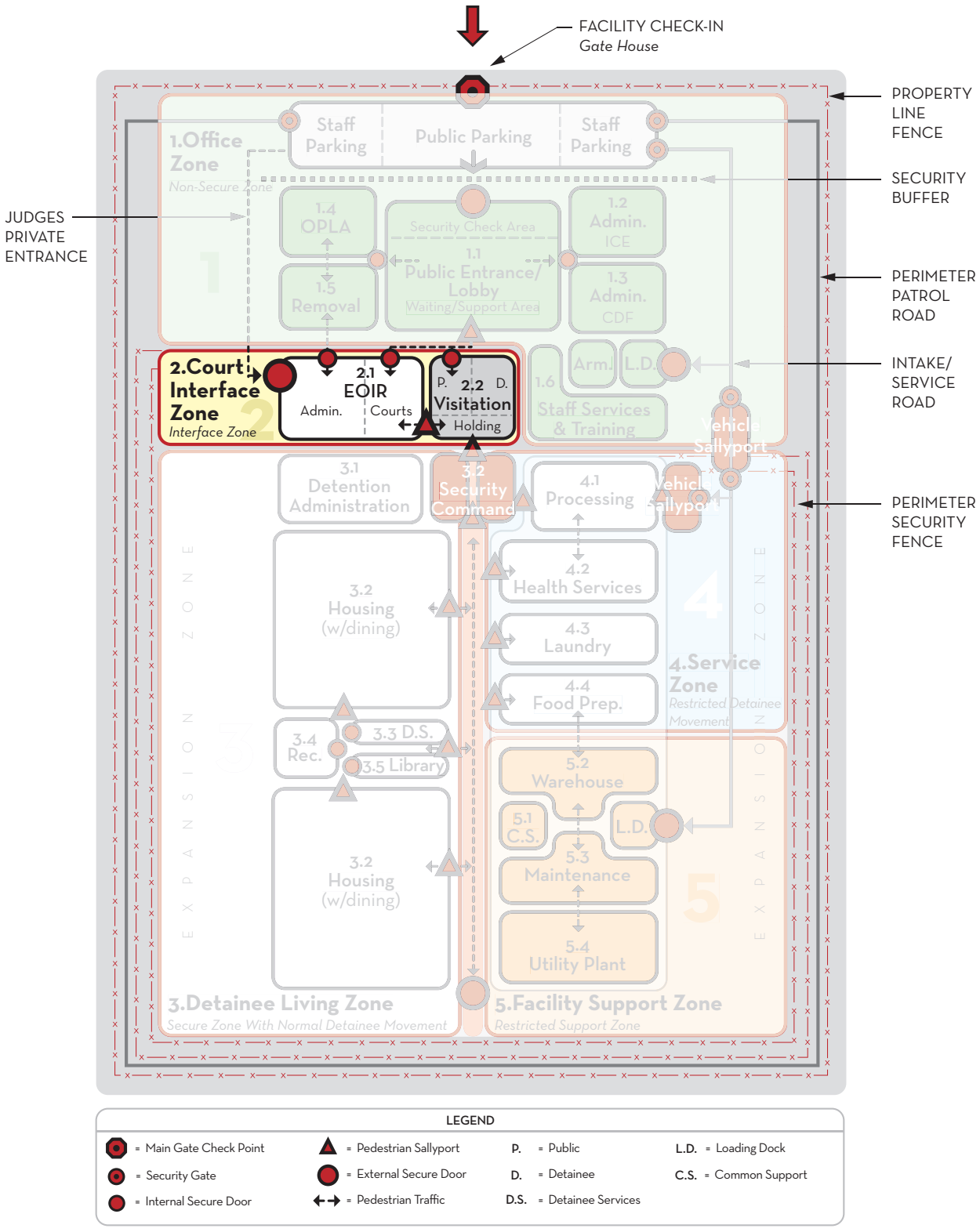
The Court Interface Zone includes the EOIR work area and courtroom space, and is an interface area between the court personnel, the Removal Unit, the public, and detainees under restraint. It is a secure interface zone. The area should be in its own secondary perimeter, contiguous with but separate from the main facility primary secure perimeter. Access will be by hardened commercial grade doorways, with special controls for general and emergency egress. The perimeter barriers, electronic controls, and procedures should be at the same level as the other secondary secure perimeters. (See EOIR Design Standards under separate cover.)

The Court Interface components within a CDF are operated by the Executive Office for Immigration Review (EOIR) and the selected contractor, and are not included in this document.

The components within the Court Interface Zone are listed below.

2.1 EOIR Court
2.2 Public/Detainee Visitation

2.0 Court Interface Zone : Organizational Diagram



2.0 Court Interface Zone - Space Requirements Summary

ID#	2.0 COURT INTERFACE ZONE / SPACE NAME	ICE CDF STANDARD NSF	ICE CDF STANDARD Unit of Measure	< 200 BEDS # of Users	< 200 BEDS # of Spaces	< 200 BEDS Space Size NSF	< 200 BEDS Total NSF	200-450 BEDS # of Users	200-450 BEDS # of Spaces	200-450 BEDS Space Size NSF	200-450 BEDS Total NSF	450-900 BEDS # of Users	450-900 BEDS # of Spaces	450-900 BEDS Space Size NSF	450-900 BEDS Total NSF	900-1200 BEDS # of Users	900-1200 BEDS # of Spaces	900-1200 BEDS Space Size NSF	900-1200 BEDS Total NSF	1200-1500 BEDS # of Users	1200-1500 BEDS # of Spaces	1200-1500 BEDS Space Size NSF	1200-1500 BEDS Total NSF	1500-1800 BEDS # of Users	1500-1800 BEDS # of Spaces	1500-1800 BEDS Space Size NSF	1500-1800 BEDS Total NSF	1800-2000 BEDS # of Users	1800-2000 BEDS # of Spaces	1800-2000 BEDS Space Size NSF	1800-2000 BEDS Total NSF	3000 BEDS # of Users	3000 BEDS # of Spaces	3000 BEDS Space Size NSF	3000 BEDS Total NSF	Comments
2.1	**EOIR Court**																																			
	Contractor Space																																			
							0				0				0				0				0				0				0				0	
					Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0	
					Gross Square Feet		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0	
2.2	**Public/Detainee Visitation**																																			
	Contractor Space																																			
							0				0				0				0				0				0				0				0	
					Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0		Net-Gross Factor	1.33	0	
					Gross Square Feet		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0		**Gross Square Feet**		0	

2.0 Court Interface Zone	**2.1 EOIR Court**	(DOJ Operated)

NOTE: See EOIR Court Design Standards Publication

2.0 Court Interface Zone	**2.2 Public/Detainee Visitation**	(Contractor Operated)

2.2 Public/Detainee Visitation

ORGANIZATIONAL REQUIREMENTS

The CDF must allow detainees to confer with their attorneys in person and, under normal conditions, to receive visits from family and acquaintances. The DHS encourages visiting by family and friends to maintain the morale of the detainee and to develop closer relationships between the detainee and family members. Visitation may be restricted to ensure the security and good order of the facility.

Types of visitation at a CDF include: general visitation (including visitation by minors), legal visitation, consultation visitation for expedited removal, and special family visits. For more information on detainee visiting, consult the DHS Detention Standard for Detainee Visitation.

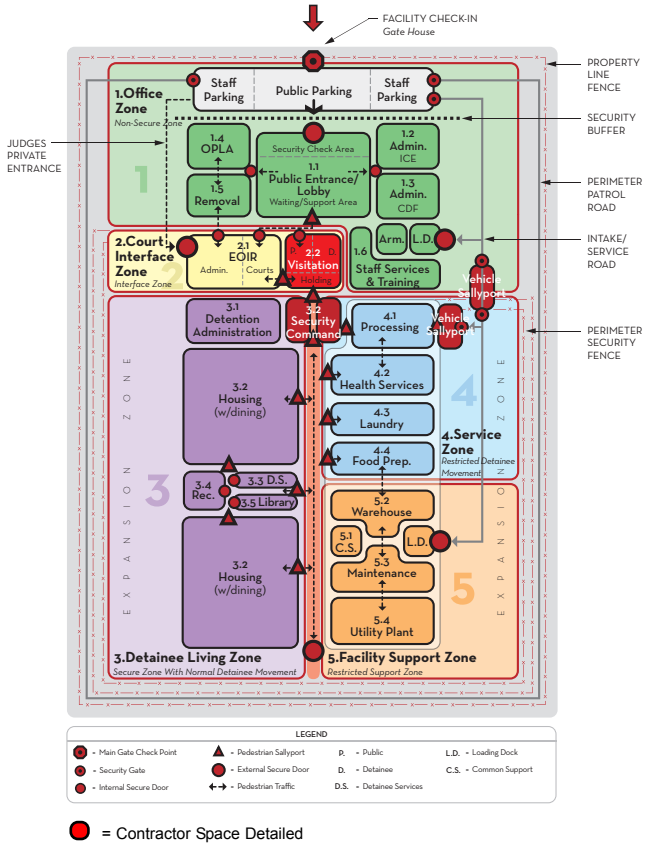
OPERATIONAL REQUIREMENTS

Visiting rooms should be comfortable and as pleasant as practical with appropriate furnishings. Supervision of visiting rooms should be adapted to the level of security required by the facility. Visiting is located centrally, minimizing the movement of the public throughout the facility. The number of staff supervising in the visitation area depends on the number of visiting areas and the design of the visiting space.

Visiting should be located adjacent to the Public Lobby. The primary secure perimeter separates the visiting public side from the detainee side.

Visiting should be located adjacent to Central Control or another fixed staff position to allow the staff to monitor security within the area. If direct visual surveillance of circulation systems is not possible from a fixed position, detainees are escorted to visiting by the housing area security staff.

Visitors must check in at the Public Lobby reception desk. The staff at the desk checks visitor I.D. and informs visitors of institutional visiting rules. The visitor is required to pass through a metal detector in the public lobby.



Functional Requirements

ID#	Space Name	Performance Criteria
Central Visiting		
2.2.1	Visitor Search/Processing Room	40 SF
2.2.2	Non-Contact Visiting Booth	40 SF : one (1) per every 25 detainees
2.2.3	Non-Contact ADA Visiting Booth	60 SF
2.2.4	Contact Visiting Booth	60 SF
2.2.5	Attorney Visiting Room	100 SF
2.2.6	Monitor Post	
2.2.7	Officer Toilet	
2.2.8	Detainee Toilet	
Central Holding		
2.2.9	Monitor Post	
2.2.10	Officer Toilet	
2.2.11	Search Room	
2.2.12	Holding Cell(s)	

Special/Technical Requirements

- ❑ Non-contact visiting booths require an attack-resistant glazed barrier between the detainee and visitor and a telephone or speaker.

3.0 Detainee Living Zone

3.1 Detention Administration (ICE Responsibility)
3.2 Detainee Housing (w/Dining) (Contractor Responsibility)
3.3 Detainee Services (Contractor Responsibility)
3.4 Recreation (Contractor Responsibility)
3.5 Library (Contractor Responsibility)

3.0 Detainee Living Zone

The Detainee Living Zone contains functions that are used by detainees during their normal daily routine. It is a secure zone with normal routine detainee movement within the primary secure perimeter. Components within this zone should be separated from each other by secondary secure perimeters. Detainee movement between each component will be monitored by housing security staff.

This document covers the ICE Detention Administration within component 3.1 Detention Administration. The other components within the Detainee Living Zone are typically defined and controlled by the Contract Detention Service Provider. and are not covered in this document.

The diagram on the following page illustrates the Detainee Living Zone components and the critical adjacency requirements needed for a productive work environment.

The following information has been provided for each of the components:

Function
Describes the overall purpose of the component within the CDF.

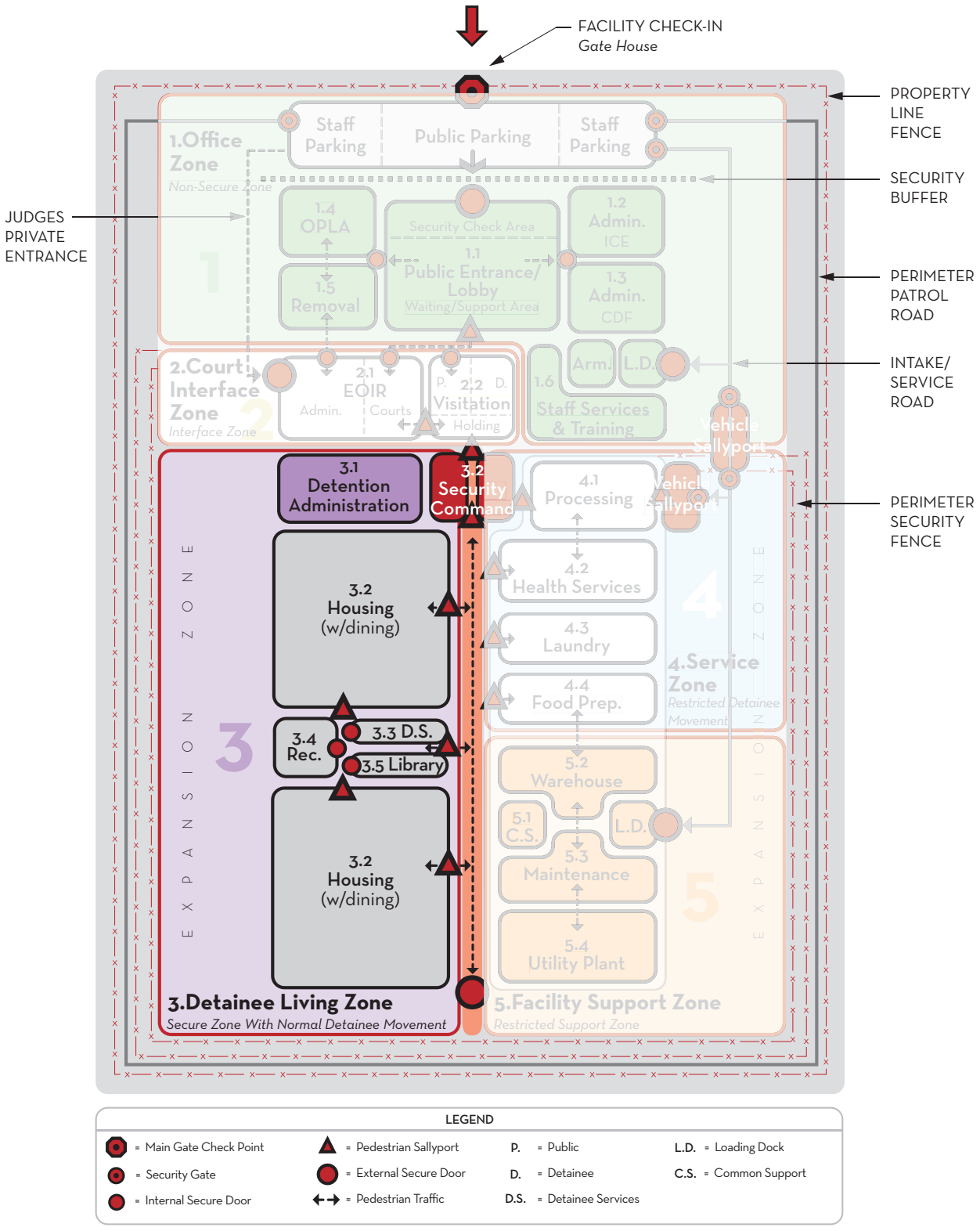
Critical Workflow Patterns
Identifies the most critical workflow patterns necessary for efficient staff productivity.

Room Data Sheets
Provides detailed information on all spaces within the components (i.e., function statements, photograph, floor plan, systems, furniture, and equipment)

The components within the Detainee Living Zone are listed below:

3.1 Detention Administration (ICE Operated)
3.2 Detainee Housing (w/Dining) (Contractor Operated)
3.3 Detainee Services (Contractor Operated)
3.4 Recreation (Contractor Operated)
3.5 Library (Contractor Operated)

3.0 Detainee Living Zone : Organizational Diagram



3.0 Detainee Living Zone - Space Summary

SPACE FORECAST MATRIX
The Space Requirements Summary Matrix on the following page, identifies the spaces needed for each of the functional units within the Detainee Living Zone. The matrix listed below is also designed to forecast these needs for the planning scenarios.

1. <200 beds
2. 200 - 450 beds
3. 450 - 900 beds
4. 900 - 1,200 beds
5. 1,200 - 1,500 beds
6. 1,500 - 1,800 beds
7. 1,800 - 2,000 beds
8. 2,000 - 3,000 beds

The bed ranges were determined to best represent the capacity range for existing and planned detainee populations.

For each planning scenario, the following information is provided:

- # of Users is the number of persons (staff or detainees) in a given space.
- # of Spaces is the quantity of a given space.
- Space Size NSF is the net square feet or size of a given space.
- Total Size NSF is the number of spaces or quantity of a space times it's NSF or size.

The sidebar to the right highlights some of the Space Planning Formulas that are used for calculating areas.

SPACE CALCULATIONS/DEFINITIONS
The total Net Square Footage is the sum of all net areas of the spaces listed. This number is multiplied by a Net-Gross Factor (an industry factor based on space) to determine Gross Square Footage (GSF).

- **Net Square Footage (NSF)**
  Total clear floor area within a given room, excluding walls, corridors, mechanical equipment rooms, shafts, stairs, and chases.
- **Gross Square Footage (GSF)**
  Total building area measured from outside face of exterior walls.

Space Planning Formulas

3.1 Detention Administration
- Maximum shift size = 75% of total IEA's
- Ready room capacity = 24 agents @ 25 sf per agent + 8 lockers at 15 sf per locker

3.2 Detainee Housing (w/Dining)

Contractor Operated.

3.3 Detainee Services

Contractor Operated.

3.4 Recreation

Contractor Operated.

3.5 Library

Contractor Operated.

3.0 Detainee Living Zone - Space Requirements Summary

ID#	3.0 DETAINEE LIVING ZONE / SPACE NAME	ICE CDF STANDARD NSF	ICE CDF STANDARD Unit of Measure	< 200 BEDS # of Users	< 200 BEDS # of Spaces	< 200 BEDS Space Size NSF	< 200 BEDS Total NSF	200-450 BEDS # of Users	200-450 BEDS # of Spaces	200-450 BEDS Space Size NSF	200-450 BEDS Total NSF	450-900 BEDS # of Users	450-900 BEDS # of Spaces	450-900 BEDS Space Size NSF	450-900 BEDS Total NSF	900-1200 BEDS # of Users	900-1200 BEDS # of Spaces	900-1200 BEDS Space Size NSF	900-1200 BEDS Total NSF	1200-1500 BEDS # of Users	1200-1500 BEDS # of Spaces	1200-1500 BEDS Space Size NSF	1200-1500 BEDS Total NSF	1500-1800 BEDS # of Users	1500-1800 BEDS # of Spaces	1500-1800 BEDS Space Size NSF	1500-1800 BEDS Total NSF	1800-2000 BEDS # of Users	1800-2000 BEDS # of Spaces	1800-2000 BEDS Space Size NSF	1800-2000 BEDS Total NSF	3000 BEDS # of Users	3000 BEDS # of Spaces	3000 BEDS Space Size NSF	3000 BEDS Total NSF	Comments
3.1	**Detention Administration**																																			
3.1.1	Detention Operations Supervisor (DOS) Office	150	sf			150	0	1	1	150	150	1	1	150	150	1	1	150	150	1	1	150	150	1	1	150	150	1	1	150	150	1	2	150	300	
3.1.2	Supervisory Immigration Enforcement Agent (SIEA) Office	130	sf	1	1	130	130	1	2	130	260	1	2	130	260	1	2	130	260	1	2	130	260	1	3	130	390	1	3	130	390	1	4	130	520	
3.1.3	Immigration Enforcement Agent (IEA) Workstation	65	sf	1	5	65	325	1	10	65	650	1	15	65	975	1	18	65	1,170	1	23	65	1,495	1	27	65	1,755	1	30	65	1,950	1	45	65	2,925	
3.1.4	ICE Armory	12	sf/rack		1	150	150		1	150	150		1	150	150		1	300	300		1	300	300		1	300	300		1	300	300		1	300	300	
3.1.5	ICE Ready Room	25	sf/occupant	24	1	25	720	24	1	25	720	24	1	25	720	24	1	25	720	24	1	25	720	24	1	25	720	24	1	25	720	24	1	25	720	*team of 24 @ 25 sf ea; 8 lockers @ 15 sf ea.*
3.1.6	ICE Toilet Male	45	sf		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45	
3.1.7	ICE Toilet Female	45	sf		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45		1	45	45	
							1,415				**2,020**				**2,345**				**2,690**				**3,015**				**3,405**				**3,600**				**4,855**	
				Net-Gross Factor	1.38		538	Net-Gross Factor	1.38		768	Net-Gross Factor	1.38		891	Net-Gross Factor	1.38		1,022	Net-Gross Factor	1.38		1,146	Net-Gross Factor	1.38		1,294	Net-Gross Factor	1.38		1,368	Net-Gross Factor	1.38		1,845	
				Gross Square Feet			**1,953**	**Gross Square Feet**			**2,788**	**Gross Square Feet**			**3,236**	**Gross Square Feet**			**3,712**	**Gross Square Feet**			**4,161**	**Gross Square Feet**			**4,699**	**Gross Square Feet**			**4,968**	**Gross Square Feet**			**6,700**	
3.2	**Detainee Housing (w/Dining)**																																			
	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	
3.3	**Detainee Services**																																			
	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	
3.4	**Recreation**																																			
	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	
3.5	**Library**																																			
	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	Net-Gross Factor	1.33		0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	

3.1 Detention Administration (ICE Operated)

Space Requirements

3.1.1 Detention Operations Supervisor (DOS) Office
3.1.2 Supervisory Immigration Enforcement Agent (SIEA) Office
3.1.3 Immigration Enforcement Agent (IEA) Workstation
3.1.4 ICE Armory
3.1.5 ICE Ready Room
3.1.6 ICE Toilet Male
3.1.7 ICE Toilet Female

3.1 Detention Administration - Function

FUNCTION STATEMENT
ICE Detention Administration at a CDF is limited to the office functions carried out by ICE staff, the Armory and the ICE Ready Room.

ICE Detention Administration staff perform functions specifically related to the transportation of detainees. These staff positions, while performing duties in the Processing area and throughout the facility, require administrative space near ICE Administration.

Staff provided by the Contract Detention Service Provider have the primary responsibility for Central Control and the safety and security of the facility.

Design Criteria

Critical Issues

- ✓ Adjacent to Staff Service and Training
- ✓ Adjacent to Loading Dock
- ✓ Armory must be located outside the secure perimeter
- ✓ ICE Ready Room must be located outside the secure perimeter

Special Requirements

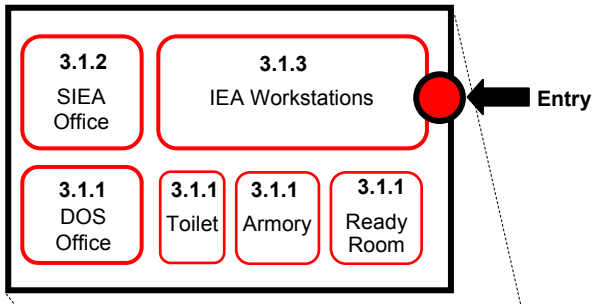
- ✓ Controlled access to Armory
- ✓ Maximum security construction of Armory

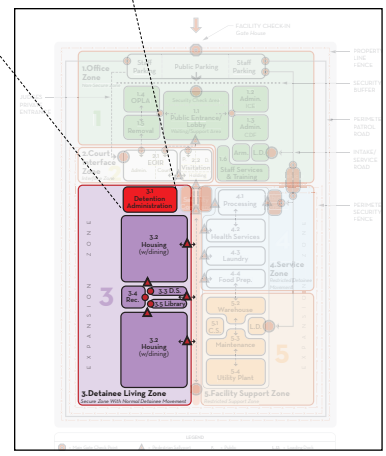
Space Requirements

3.1 DETENTION ADMINISTRATION

3.1.1	Detention Operations Supervisor (DOS) Office
3.1.2	Supervisory Immigration Enforcement Agent (SIEA) Office
3.1.3	Immigration Enforcement Agent (IEA) Workstation
3.1.4	ICE Armory
3.1.5	ICE Ready Room
3.1.6	ICE Toilet Male
3.1.7	ICE Toilet Female

3.1 Detention Administration : Organizational Diagram





CDF Organizational Diagram



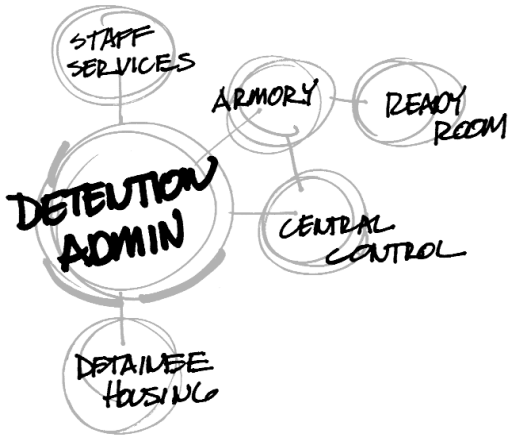
3.1 Detention Administration - Critical Workflow Patterns

INTRODUCTION

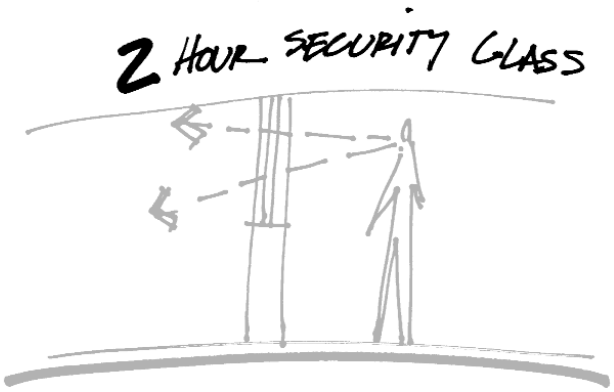
The diagrams on the following page illustrate some of the most critical workflow issues and patterns of the Detention Administration.

3.1 Detention Administration : Critical Workflow Patterns

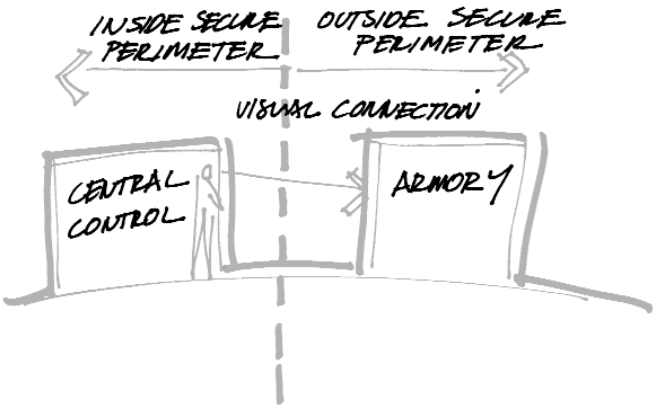
1. "CRITICAL ADJACENCIES"
Detention Administration must be located inside the primary secure perimeter in order to provide the security staff with direct supervision.



2. "TWO-HOUR SECURITY GLASS"
All glass in the Detention Administration and Central Control should meet the two-hour standard for attack resistance and must be shatter proof.



3. "CENTRAL CONTROL/ARMORY-VISUAL CONNECTION"
The armory should be located outside the secure perimeter but near central control for visual monitoring.



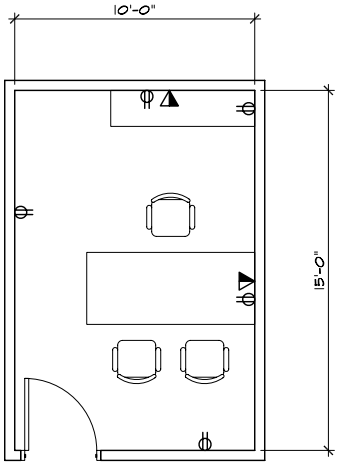
3.1 Detention Administration - Room Data Sheet

3.1.1 DETENTION OPERATIONS SUPERVISOR (DOS) OFFICE

Function
The....



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

3.1.1 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

3.1.1 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Desk chair				1
	Side chair				2
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

3.1 Detention Administration - Room Data Sheet

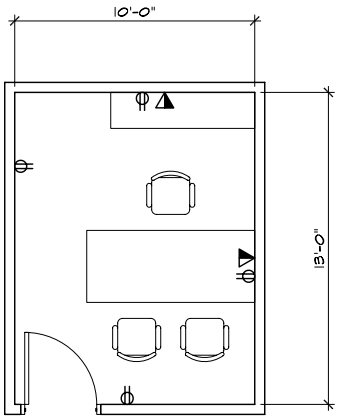
3.1.2 SUPERVISORY IMMIGRATION ENFORCEMENT AGENT (SIEA) OFFICE

Function
The Supervisory Immigration Enforcement Agent's function is as a first-line supervisor for conducting day-to-day immigration enforcement operations, as well as short and medium range planning and evaluation of a variety of enforcement functions associated with the identification, investigation, apprehension, prosecution, and removal of aliens and criminal aliens, and the apprehension of absconders from removal proceedings.

The SIEA plans and schedules work on a daily and weekly basis, and assigns work to subordinate IEA's.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

3.1.2 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• Solid core wood	• See below	• Exterior window

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data on 2 walls

3.1.2 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Desk chair				1
	Side chair				2
EQUIPMENT					
	None				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

3.1 Detention Administration - Room Data Sheet

3.1.3 IMMIGRATION ENFORCEMENT AGENT OFFICE

Function
The Immigration Enforcement Agent's function is to perform a variety of enforcement functions related to the investigation, identification, apprehension, prosecution, detention and removal of aliens and criminal aliens, and apprehension of absconders from removal proceedings.

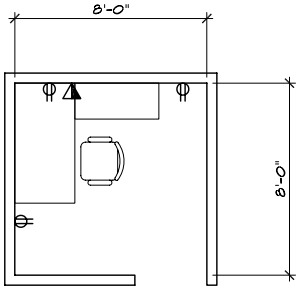
The IEA routinely enters hostile situations and may be required to make decisions affecting the life, well being, and/or civil liberties of aliens, the public, and other law enforcement officers as well as impacting regulations between the U.S. and other governments.

All IEA's perform two major duties:
- Removal, transport, and escort
- Detention

And one or more of the following duties:
- Jail check
- Prosecutions
- Determining Alienage and Fugitive Operations
- Operational Support/Law Enforcement Liaison
- Alien Criminal Apprehension Program, Law Enforcement Agency Support, Multi-Agency Task Force, Quick Response Teams, Duty Officer



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ISDN Outlet D Duress Alarm Outlet

3.1.3 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• None	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-8' high min.	• None	• None	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• To accommodate systems furniture

3.1.3 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Systems furniture				1
	Desk chair				1
	Vertical file				2
	Waste receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	None				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

3.1 Detention Administration - Room Data Sheet

3.1.4 ICE ARMORY

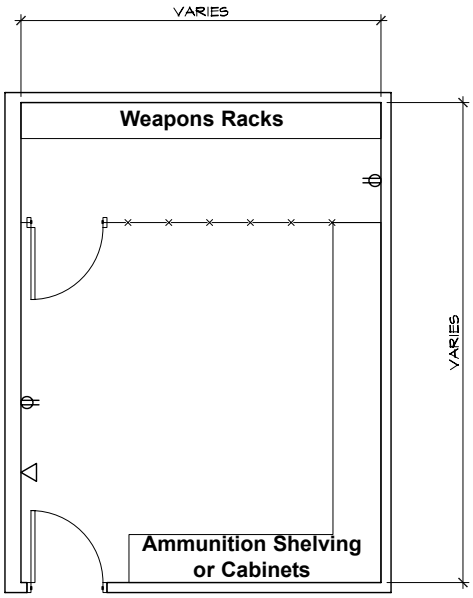
Function
The Armory functions as a highly secure room for storing weapons and ammunition as well as gas and other specialized equipment. Cleaning of weapons may also take place in the Armory.

Guns are double locked in a gun rack within the Armory. Ammunition is also stored within lockable shelves/cabinets.

The entrance to the Armory is controlled electronically and is kept under video surveillance.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

3.1.4 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• Paint on reinforced concrete block or poured concrete	• Concrete, sealed	• Hard ceiling	• 16 ga. hollow metal	• See below	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• None	• Climate controlled with direct outdoor venting	• Surface mounted Fluorescent	• 110V duplex on 2 walls	• See below	• None

3.1.4 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	None				
EQUIPMENT					
	Gun rack - provided by owner				
	Ammo storage shelving - provided by owner				
HARDWARE					
	Electronic access reader				
	Video surveillance camera				
	Lockset				
	Closure	LCN	With hold open	LCN4040	1

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

3.1 Detention Administration - Room Data Sheet

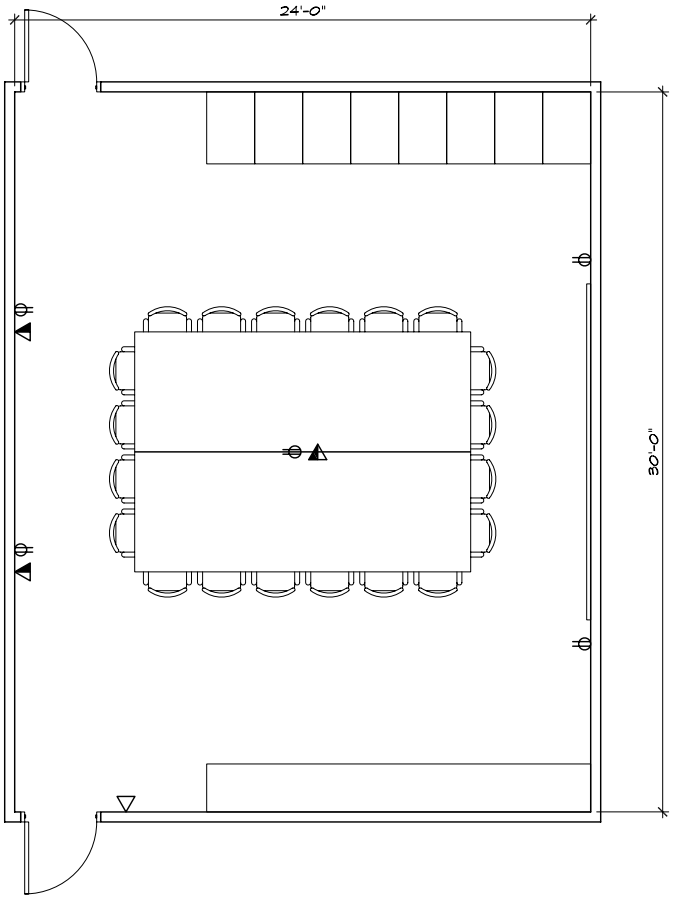
3.1.5 ICE READY ROOM

Function
The Ready Room should be located adjacent to the Armory and serves as an area for equipping ICE staff when an incident occurs.

SWAT teams consist of 24 agents, most of which will not be located at the facility. The Ready Room also serves as a place to store equipment such as shields, vests, batons, etc. and conduct briefings.

NEED

Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

3.1.5 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• 35 oz 100% pile cut nylon carpet • Base - RB	• ACT-9' high min.	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical	• Recessed Fluorescent	• 110V duplex on each wall	• None	• Voice & data, 2 ea., and in center of table

3.1.5 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Table				
	Chair				
	Whiteboard - 12'				
EQUIPMENT					
	Equipment lockers				8
	Manual projection screen				
	Shelving - 16 LF				
HARDWARE					
	Electronic access reader				
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

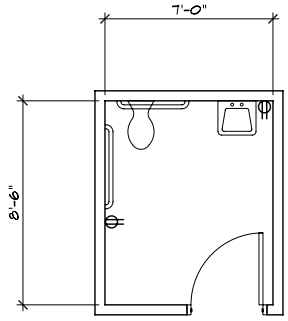
3.1 Detention Administration - Room Data Sheet

3.1.6 ICE TOILET - MALE

Function
The Male Officer Toilet is a single use room located within Detention Administration.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

3.1.6 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• GWB type X	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Toilet • Lavatory	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlet-GFI	• None	• None

3.1.6 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				1
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

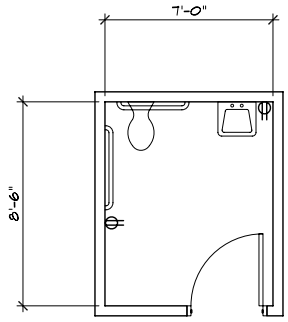
3.1 Detention Administration - Room Data Sheet

3.1.7 ICE TOILET - FEMALE

Function
The Female Officer Toilet is a single use room located within Detention Administration.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

3.1.7 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• PNT	• VCT • Base: RB	• GWB type X	• Solid core wood	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Toilet • Lavatory	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlet-GFI	• None	• None

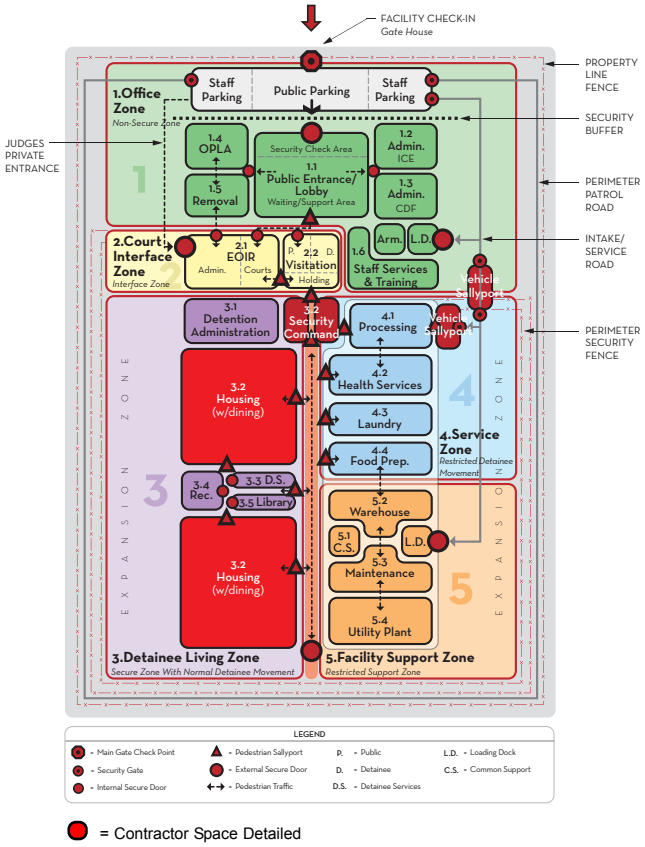
3.1.7 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	None				
EQUIPMENT					
	Wall-hung, flush valve toilet				1
	Wall mounted lavatory				1
	Grab bars				2
	Toilet paper dispenser				1
	Toilet seat cover dispenser				1
	Semi-recessed towel/waste unit				1
	Soap dispenser				1
	Frameless wall mirror				1
	Feminine napkin disposal unit				1
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

3.2 Detainee Housing



Functional Requirements

ID#	*Space Name*	*Performance Criteria*

Special/Technical Requirements

3.3 Detainee Services

ORGANIZATIONAL REQUIREMENTS

The CDF offers detainees the opportunity to purchase food items through the commissary. Commissary is a privilege, and can be denied for disciplinary purposes.

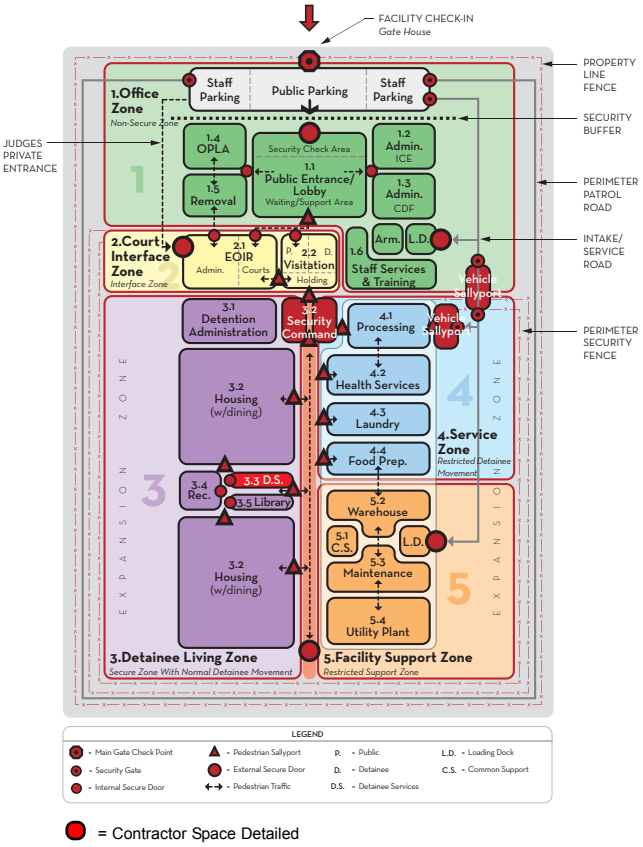
There are four ways in which commissary items can be distributed:

- A central commissary store with walk-up business window;
- Automatic coin-operated vending machines;
- An order and deliver system; or
- A circulating stocked cart

Programs are provided to give detainees the opportunity to exercise their religious rights, assist in adjusting to CDF life, and to offer constructive use of their time. The mission of the CDF is not to rehabilitate, punish, or reform the detainee. The offering of education programs and substance abuse rehabilitation programs is limited to the extent that there are requests for these services and the resources are available to offer them.

OPERATIONAL REQUIREMENTS

The detainee services should be located within the secure zone, with normal detainee movement. Critical adjacencies for detainee services include detainee housing, library and recreation.



Functional Requirements

ID#	Space Name	Performance Criteria	Space Name	Performance Criteria
Programs			**Commissary**	**3 SF per detainee**
Social Programs/Multiple Purpose			Vending Machine	3 ft of depth + 1 ft
	Classroom	25 SF per seat	Dispensing Window	
	Teacher		Cart Makeup	
	Storage		Processing Counter	
	Workroom		Short Term Storage	
Academic Education			Restricted Storage	
	Classroom		Bulk Storage	
	Teacher		Detainee Toilet	
	Storage		Service Supervisor	
	Workroom	40 SF per work area	Officer Toilet	
Vocational Education			Janitor Closet	
	Classroom	25 SF per seat		
	General Shop Workbench			
	Teacher			
	Storage			
	Workroom			
Arts and Crafts				
	General Shop Workbench			
	Teacher			
	Storage			
Industries				
	Supervisor			
	Officer Toilet			
	Detainee Toilet			
Hair Care				
	Barber Chair			
	Waiting			
	Storage			
	Detainee Toilet			
	Officer Toilet			
	Janitor Closet			

Special/Technical Requirements

- ❑ Commissary supplies should be kept separate from other institutional supplies.
- ❑ Commissary storage area should have access to the loading dock.
- ❑ Commissary machines require a special power supply, water supply and drains.
- ❑ Program classes are restricted to 20 detainees per class.

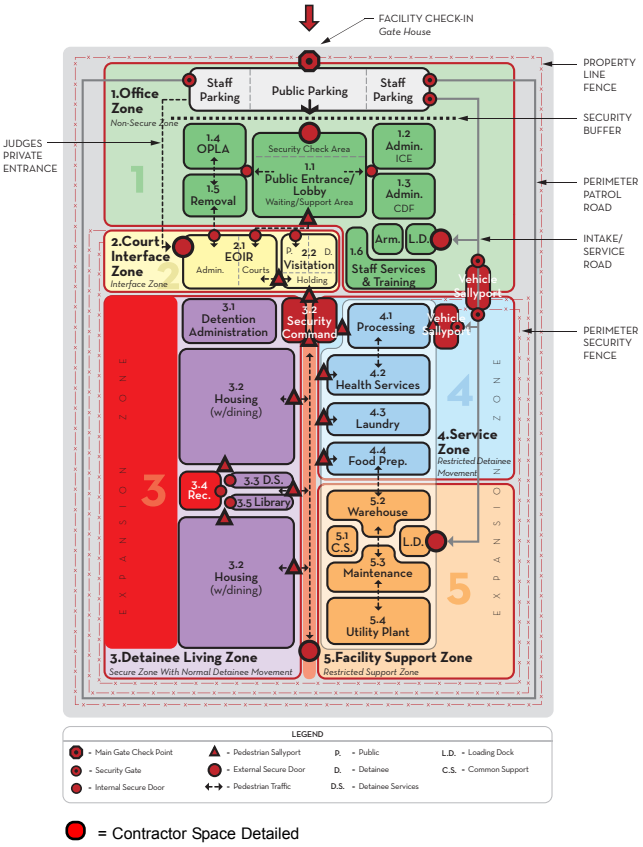
3.4 Recreation

ORGANIZATIONAL REQUIREMENTS

To comply with standards, all detainees are provided the opportunity for outside recreation at least once each day, five (5) days per week. For at least one hour per day, detainees must have the opportunity for outdoor exercise or an indoor equivalent during inclement weather. Providing recreation privileges beyond minimum requirements is an important management tool to promote a safe and cooperative detainee population.

Recreational activities are based on the size and location of each facility. Recreational activities are restricted to limited-contact sport activities such as soccer, basketball, volleyball, table games, and sporting competitions between units when approved by the Facility Administrator. All programs and activities are subject to security and operational guidelines for each facility and may be limited at the discretion of the Facility Administrator. Constant staff supervision is required for recreational activities. In outdoor situations supervising personnel require radios to maintain contact with the control center.

Outdoor recreation can be provided in two types of settings. The first is a large centralized recreation field, large enough for soccer and softball games, which allows detainees to leave their housing area to recreate. The second is a small recreation yard located directly adjacent to the housing area. This setting reduces the amount of detainee movement and associated escort supervision. This type of yard would allow small court games such as half-court basketball or volleyball.



OPERATIONAL REQUIREMENTS

Recreation fields must be located within the primary secure perimeter. Centralized outdoor recreation should be located so detainees can exit directly from within the building security perimeter into the recreation field. For campus facilities, locating housing areas around a recreation yard provides easily accessible and supervised outdoor areas while maintaining the security perimeter. For facilities located in urban areas, views from off-site should be shielded. When adequate buffer zones cannot be maintained between recreation yards and public access areas, the yards must have a screened roof to prevent outsiders from lobbing contraband into the yards.

Recreation yards located directly adjacent to housing areas should be visible from a security post to allow supervision by the housing security staff.

The detainee's security risk determines the amount of recreational access. High security-risk detainees, administrative segregation, and disciplinary segregation should always be provided outdoor recreation yards directly adjacent to their housing area. General medium and low risk population detainees may utilize a centralized larger outdoor recreation area.

Functional Requirements

ID#	Space Name	Performance Criteria
Central Recreation		
3.4.1	Half-Basketball Court	
3.4.2	Multiple Purpose Room	
3.4.3	Half-Basketball	3,600 SF
3.4.4	Playing Field	
3.4.5	Recreational Specialist	70,000 SF
3.4.6	Storage	
3.4.7	Officer Toilet	
3.4.8	Detainee Toilet	

Special/Technical Requirements

- ❑ Exercise areas will offer a variety of fixed and movable equipment. Weight training, if offered, will be limited to fixed equipment; free weights are prohibited.
- ❑ Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable. The indoor recreation area may, therefore, be equipped with stationary bicycles, stair climbers, treadmills, and/or other cardiovascular exercise machines.
- ❑ Recreational activities shall be based on the facility's size and location. With the OIC's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, table game, and may extend to competitions between units.
- ❑ Dayrooms in general-population housing units will offer board games, television, and other sedentary activities. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials once daily.
- ❑ All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.
- ❑ Recreation areas shall be under continuous supervision by staff.
- ❑ Detainees housed in the Special Management Unit (SMU) shall recreate apart from the general population (one hour of recreation/day, at least 5 days/week).
- ❑ Recreation yards may be formed from courtyards created by the building footprint.
- ❑ The outdoor exercise/recreation area must provide 1.4 square meters (15 sf) per detainee for the maximum number of detainees expected to use the space at one time, but not less than 139.4 square meters (1,500 sf) total.
- ❑ For facilities in colder climates where weather restricts outside activities, indoor gymnasiums are recommended.
- ❑ The enclosed indoor exercise/recreation area must provide 1.4 square meters (15 sf) per detainee for the maximum number of detainees expected to use the space at one time, but not less than 93 square meters (1,000 sf) total.
- ❑ All facilities shall provide recreational opportunities for detainees with disabilities.

3.5 Library (Contractor Operated)

3.5 Library

ORGANIZATIONAL REQUIREMENTS

The facility holding DHS/ICE detainees shall permit detainees access to a Law Library, and provide legal materials, facilities, equipment and document copying privileges, and the opportunity to prepare legal documents. Detainees housed in Administrative Segregation and Disciplinary Segregation must be afforded the same legal access as the general population, unless security concerns require limitations.

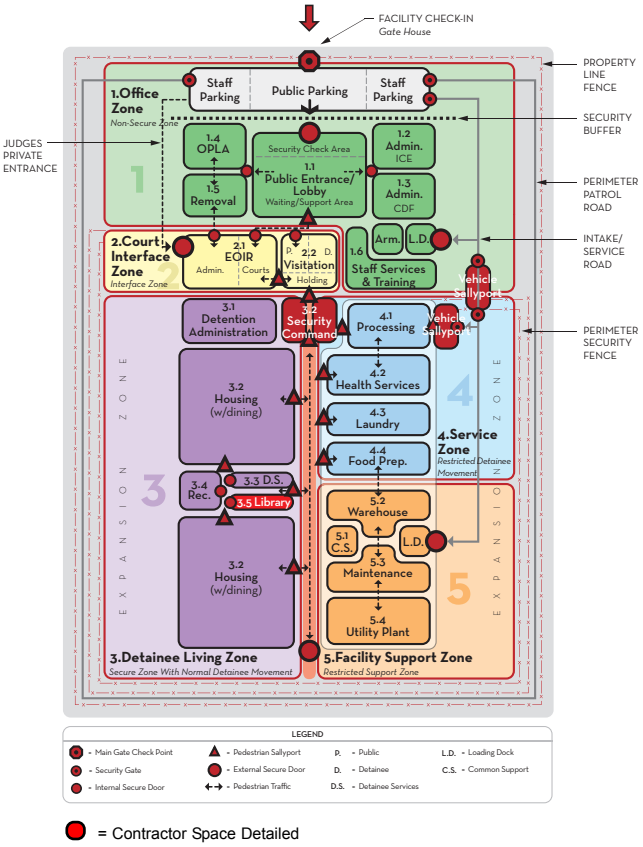
The facility shall also offer recreational reading material as a privilege and a way to occupy detainee time.

Each detainee shall be permitted to use the law library for a minimum of five (5) hours per week.

OPERATIONAL REQUIREMENTS

The law library should be located within the primary secure perimeter adjacent to a staff position such as Central Control or a fixed housing control post. The level of supervision required for the law library depends on the physical layout, category of detainees, available officer manpower and facility operating procedures. Each facility must have a designated officer with responsibility for updating the legal materials.

Due to the cost of legal reference material, the library is maintained in a central location. This library should be visually supervised from a staff position.



Functional Requirements

ID#	Space Name	Performance Criteria
Recreational Library		
3.5.1	Study Table	
3.5.2	Periodicals/Paperback Books	
3.5.3	Stacks	
3.5.4	Library Desk	
3.5.5	Work Room	
3.5.6	Computer Room	
3.5.7	Multiple Media Room	
3.5.8	Distribution Carts	
3.5.9	Storage	
3.5.10	Detainee Toilet	
3.5.11	Officer Toilet	
3.5.12	Janitor Closet	
Law Library		
3.5.13	Study Table	
3.5.14	Stacks	
3.5.15	Library Desk	
3.5.16	Copier	
3.5.17	Computer Room	
3.5.18	Detainee Toilet	
NOTE:	Detainees may be provided books from local municipal libraries upon request or by circulation programs offered by the libraries.	

Special/Technical Requirements

- ❑ Law library should provide 20 sf per seat.
- ❑ Recreational library should provide 5 sf per detainee.
- ❑ The library should be well lit.
- ❑ The library should be reasonably isolated from noisy areas.
- ❑ The size of the law library depends on the size of the detainee population and the frequency of detainee use.
- ❑ The law library must provide an adequate number of typewriters and equipment to accommodate the number of detainees that are authorized to use the library at any given time.

4.0 Service Zone

4.1 Processing (ICE & Contractor Responsibility)
4.2 Health Services (H & HS Responsibility)
4.3 Laundry (Contractor Responsibility)
4.4 Food Preparation (Contractor Responsibility)

4.0 Service Zone

The Service Zone provides services necessary for supporting detainees while they live in the CDF. It is a zone that is located inside the primary secure perimeter with restricted detainee movement. Components should be separated from each other by secondary secure perimeters. Detainee movement to any component will be by direct escort or continuously monitored/controlled movement with staff control of each individual detainee passing into or out of a component.

This document covers the ICE Service areas within component 4.1 Processing. The other components are typically defined and controlled by Contract Detention Service provider and are not included in this document.

The diagram on the following page illustrates the Service Zone components and the critical adjacency requirements needed for a productive work environment.

The following information has been provided for the processing components:

Function
Describes the overall purpose of the component within the CDF.

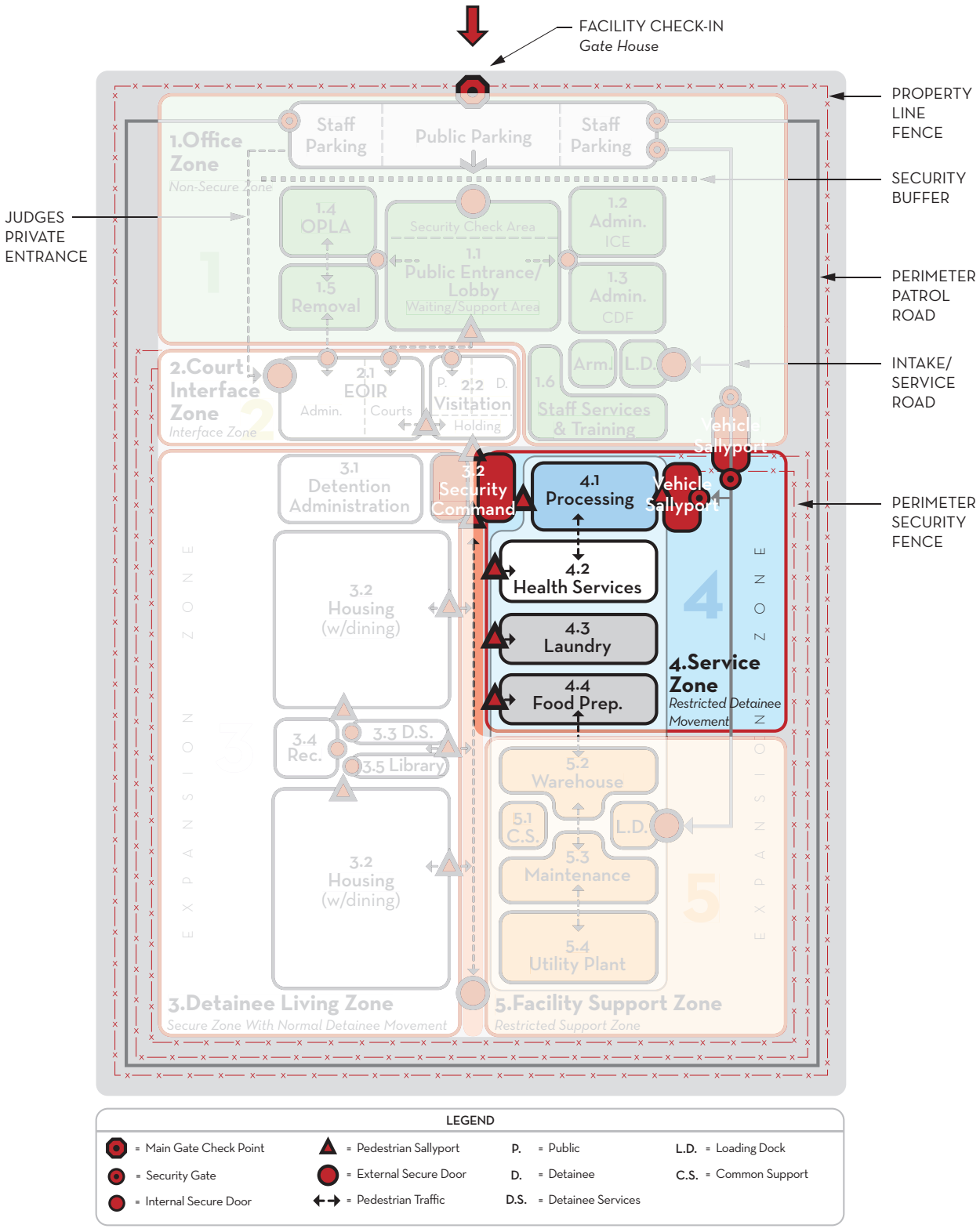
Critical Workflow Patterns
Identifies the most critical workflow patterns necessary for efficient staff productivity.

Room Data Sheets
Provides detailed information on all spaces within the components (i.e., function statements, photograph, floor plan, systems, furniture, and equipment)

The components within the Service Zone include:

4.1 Processing (ICE Operated)
4.2 Health Services (Health Services Operated)
4.3 Laundry (Contractor Operated)
4.4 Food Preparation (Contractor Operated)

Service Zone : Organizational Diagram



4.0 Service Zone - Space Requirements

SPACE FORECAST MATRIX

The Space Requirements Summary Matrix on the following page, identifies the spaces needed for each of the functional units within the Service Zone. The matrix listed below is also designed to forecast these needs for the planning scenarios.

1. <200 beds
2. 200 - 450 beds
3. 450 - 900 beds
4. 900 - 1,200 beds
5. 1,200 - 1,500 beds
6. 1,500 - 1,800 beds
7. 1,800 - 2,000 beds
8. 2,000 - 3,000 beds

The bed ranges were determined to best represent the capacity range for existing and planned detainee populations.

For each planning scenario, the following information is provided:

- # of Users is the number of persons (staff or detainees) in a given space.
- # of Spaces is the quantity of a given space.
- Space Size NSF is the net square feet or size of a given space.
- Total Size NSF is the number of spaces or quantity of a space times the NSF or size.

The sidebar to the right highlights some of the Space Planning Formulas that are used for calculating areas.

SPACE CALCULATIONS/DEFINITIONS

The total Net Square Footage is the sum of all net areas of the spaces listed. This number is multiplied by a Net-Gross Factor (an industry factor based on space type) to determine Gross Square Footage (GSF). This factor is intended to account for space such as circulation space, mechanical space, wall thicknesses, etc., that are not programmed space.

- **Net Square Footage (NSF)**
  Total clear floor area within a given room, excluding walls, corridors, mechanical equipment rooms, shafts, stairs, and chases.
- **Gross Square Footage (GSF)**
  Total building area measured from outside face of exterior walls.

Space Planning Formulas

4.1 Processing

- Number of Processing Positions:
  - 1 for each 100 detainees
  - Male/female split = 60/40
- Number of interview rooms = 6 per 1,000 detainees

4.2 Health Services

Operated by the Department of Health and Human Services

4.3 Laundry

Contractor Operated.

1.4 Food Preparation

Contractor Operated.

4.0 Service Zone - Space Requirements Summary

ID#	4.0 SERVICE ZONE / SPACE NAME	ICE CDF STANDARD NSF	ICE CDF STANDARD Unit of Measure	< 200 BEDS # of Users	< 200 BEDS # of Spaces	< 200 BEDS Space Size NSF	< 200 BEDS Total NSF	200-450 BEDS # of Users	200-450 BEDS # of Spaces	200-450 BEDS Space Size NSF	200-450 BEDS Total NSF	450-900 BEDS # of Users	450-900 BEDS # of Spaces	450-900 BEDS Space Size NSF	450-900 BEDS Total NSF	900-1200 BEDS # of Users	900-1200 BEDS # of Spaces	900-1200 BEDS Space Size NSF	900-1200 BEDS Total NSF	1200-1500 BEDS # of Users	1200-1500 BEDS # of Spaces	1200-1500 BEDS Space Size NSF	1200-1500 BEDS Total NSF	1500-1800 BEDS # of Users	1500-1800 BEDS # of Spaces	1500-1800 BEDS Space Size NSF	1500-1800 BEDS Total NSF	1800-2000 BEDS # of Users	1800-2000 BEDS # of Spaces	1800-2000 BEDS Space Size NSF	1800-2000 BEDS Total NSF	3000 BEDS # of Users	3000 BEDS # of Spaces	3000 BEDS Space Size NSF	3000 BEDS Total NSF	Comments
4.1	**Processing**																																			
4.1.1	Vehicular Sallyport (2 Buses, 2 Vans)	6,100	sf		1	6,100	6,100		1	6,100	6,100		1	6,100	6,100		1	6,100	6,100		1	6,100	6,100		1	6,100	6,100		1	6,100	6,100		1	6,100	6,100	
4.1.2	Pedestrian Sallyport & Search Room	180	sf		1	180	180		1	180	180		1	180	180		1	180	180		1	180	180		1	180	180		1	180	180		1	180	180	
4.1.3	Processing Counter - Male	50	sf/position	1	1	50	50	1	3	50	150	1	6	50	300	1	6	50	300	1	9	50	450	1	11	50	550	1	12	50	600	1	18	50	900	*1 position per 100 detainees spilt male/female 60/40*
4.1.4	Processing Counter - Female	50	sf/position	1	1	50	50	1	2	50	100	1	3	50	150	1	4	50	200	1	6	50	300	1	7	50	350	1	8	50	400	1	12	50	600	*1 position per 100 detainees spilt male/female 60/40*
4.1.5	ICE Transportation Work Area	80	sf	1	1	80	80	1	1	80	80	1	1	80	80	1	2	80	160	1	2	80	160	1	2	80	160	1	2	80	160	1	3	80	240	
4.1.6	ICE Interview Room	100	sf	2	2	100	200	2	4	100	400	2	5	100	500	2	6	100	600	2	7	100	700	2	8	100	800	2	12	100	1,200	2	18	100	1,800	*6 per 1,000 detainees; 2 minimum*
4.1.7	Large Holding - Male	7	sf/detainee	20	1	140	140	20	1	140	140	20	2	140	280	20	2	140	280	20	2	140	280	20	3	140	420	20	3	140	420	20	4	140	560	
4.1.8	Small Holding - Male	7	sf/detainee	6	1	42	42	6	1	42	42	6	2	42	84	6	3	42	126	6	4	42	168	6	4	42	168	6	5	42	210	6	5	42	210	
4.1.9	Segregation Holding (Padded & Suicide Watch) - Male	60	sf	1	1	60	60	1	1	60	60	1	2	60	120	1	2	60	120	1	3	60	180	1	3	60	180	1	3	60	180	1	5	60	300	
4.1.10	Large Holding - Female	7	sf/detainee	20	1	1,200	1,200	20	1	1,200	1,200	20	1	1,200	1,200	20	1	1,200	1,200	20	1	1,200	1,200	20	1	1,200	1,200	20	2	1,200	2,400	20	2	1,200	2,400	
4.1.11	Small Holding - Female	7	sf/detainee	6	1	42	42	6	1	42	42	6	1	42	42	6	2	42	84	6	3	42	126	6	4	42	168	6	3	42	126	6	4	42	168	
4.1.12	Segregation Holding (Padded & Suicide Watch) - Female	60	sf	1	1	60	60	1	1	60	60	1	1	60	60	1	1	60	60	1	1	60	60	1	2	60	120	1	2	60	120	1	3	60	180	
4.1.13	Special Case Holding - Male	60	sf	5	1	60	60	5	2	60	120	5	3	60	180	5	3	60	180	5	3	60	180	5	4	60	240	5	4	60	240	5	5	60	300	
4.1.14	Special Case Holding - Female	60	sf	5	1	60	60	5	1	60	60	5	1	60	60	5	1	60	60	5	1	60	60	5	2	60	120	5	2	60	120	5	3	60	180	
4.1.15	Staff Toilet	60	sf		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60		1	60	60	
							1,542				**1,602**				**1,722**				**1,764**				**1,866**				**2,088**				**3,246**				**3,588**	
				Net-Gross Factor		1.40	617	Net-Gross Factor		1.40	641	Net-Gross Factor		1.40	689	Net-Gross Factor		1.40	706	Net-Gross Factor		1.40	746	Net-Gross Factor		1.40	835	Net-Gross Factor		1.40	1,298	Net-Gross Factor		1.40	1,435	
				Gross Square Feet			**2,159**	**Gross Square Feet**			**2,243**	**Gross Square Feet**			**2,411**	**Gross Square Feet**			**2,470**	**Gross Square Feet**			**2,612**	**Gross Square Feet**			**2,923**	**Gross Square Feet**			**4,544**	**Gross Square Feet**			**5,023**	
4.2	**Health Services**																																			
	Health Services																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	
4.3	**Laundry**																																			
	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	
4.4	**Food Preparation**																																			
	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	

4.0 Service Zone

4.1 Processing (ICE & Contractor Operated)

Space Requirements

4.1.1 Vehicular Sallyport
4.1.2 Pedestrian Sallyport & Search Room
4.1.3 Processing Counter - Male
4.1.4 Processing Counter - Female
4.1.5 ICE Transportation Work Area
4.1.6 ICE Interview Room
4.1.7 Large Holding - Male
4.1.8 Small Holding - Male
4.1.9 Segregation Holding - Male
4.1.10 Large Holding - Female
4.1.11 Small Holding - Female
4.1.12 Segregation Holding - Female
4.1.13 Special Case Holding - Male
4.1.14 Special Case Holding - Female
4.1.15 Staff Toilet

4.1 Processing - Function

FUNCTION STATEMENT

Processing provides a space where detainees enter, wait, are held, and processed before being assigned to detention, transferred to other facilities or released from detention. Processing must complete specific activities upon detainee admittance, transfer, and release, including accurate identification and property exchange. Detention, transfer, and release activities are conducted in the same area to conserve staff and space.

The basic and support activities in the Processing Area include:

- Transportation and staging of arriving and departing detainees
- Holding detainees while waiting processing or transfer
- Orientation of incoming detainees
- Processing detainess
- Search, interview, and medical screening of incoming detainees
- Showering for incoming detainees
- Storage of detainee valuables and property
- Clothing and linen issue/exchange
- Providing snacks and sack lunches

Processing is located within the primary secure perimeter. It should be located directly adjacent to the vehicle sallyport. Processing should be located near Health Services and Security Command for immediate health screenings and direct visual supervision of the Processing Area and sallyport.

Design Criteria

Critical Issues

- ✓ Highly secure detention environment
- ✓ Separation of male, female and juvenile detainees
- ✓ Separation of unprocessed & processed detainees
- ✓ Hardened environment
- ✓ Unobstructed sight lines
- ✓ Efficient process and flow

Special Requirements

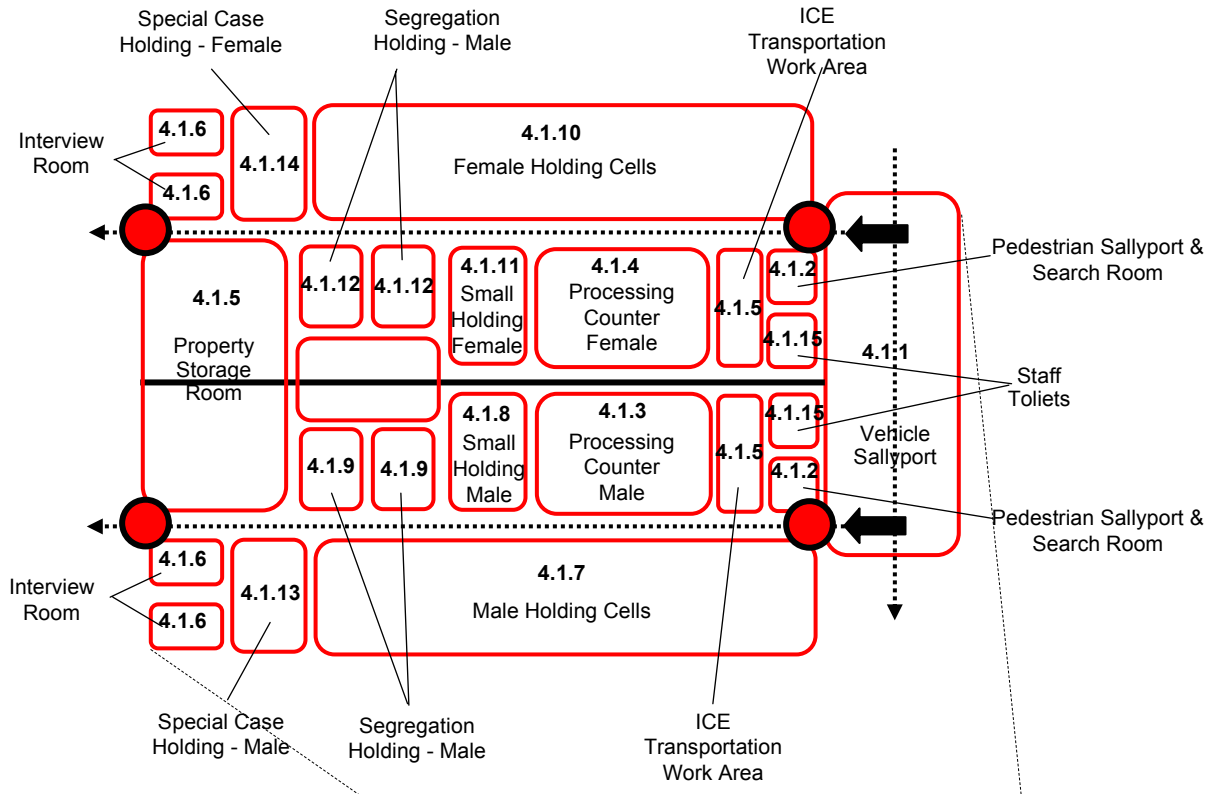
- ✓ Detention-grade hardware & furnishings
- ✓ Detention-grade fixtures & equipment
- ✓ Security, control, and surveillance
- ✓ Hard, washable surfaces

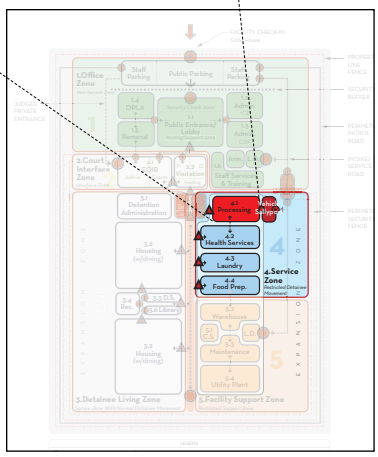
Space Requirements

4.1 PROCESSING

4.1.1	Vehicular Sallyport
4.1.2	Pedestrian Sallyport & Search Room
4.1.3	Processing Counter - Male
4.1.4	Processing Counter - Female
4.1.5	ICE Transportation Work Area
4.1.6	ICE Interview Room
4.1.7	Large Holding - Male
4.1.8	Small Holding - Male
4.1.9	Segregation Holding - Male
4.1.10	Large Holding - Female
4.1.11	Small Holding - Female
4.1.12	Segregation Holding - Female
4.1.13	Special Case Holding - Male
4.1.14	Special Case Holding - Female
4.1.15	Staff Toilet

4.1 Processing : Organizational Diagram





Service Zone Diagram

LEGEND

= Entry Points Into Other Areas

= Secure Door

= Circulation Pattern

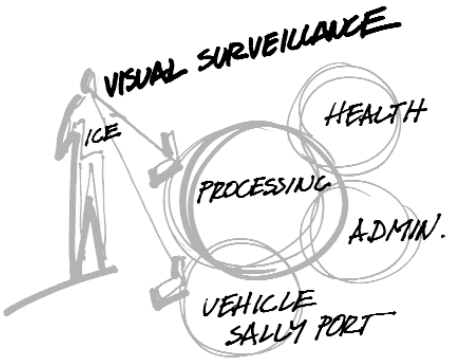
4.1 Processing - Critical Workflow Patterns

INTRODUCTION

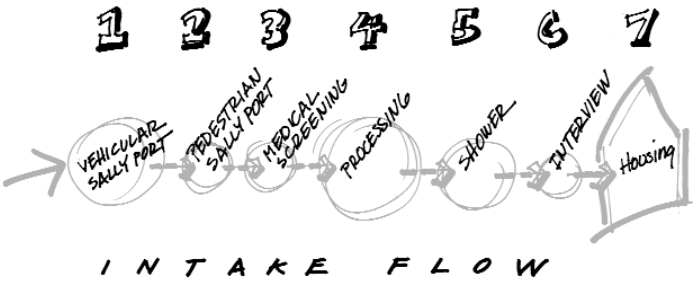
The diagrams on the following page illustrate some of the most critical workflow issues and patterns of Processing.

4.1 Processing : Critical Workflow Patterns

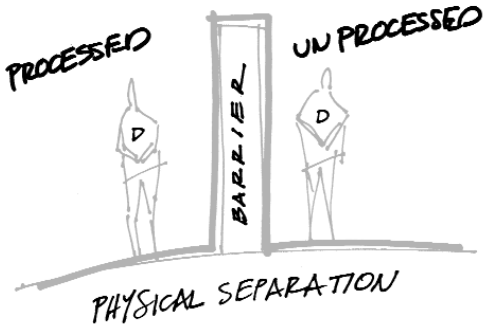
1. "CRITICAL ADJACENCIES"
Processing is located within the primary secure perimeter, adjacent to the vehicle sallyport, Health Services, and administrative areas.



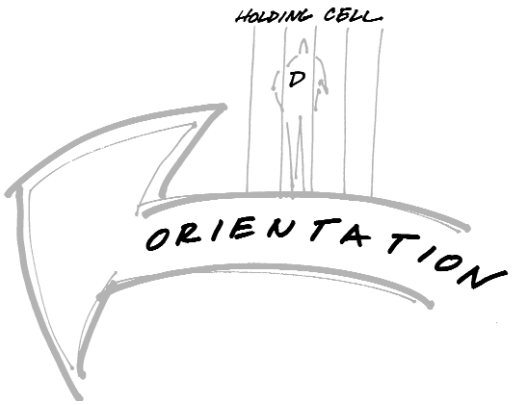
2. "INTAKE FLOW"
Processing activities are done sequentially to assure that each activity is thoroughly performed.



3. "PHYSICAL SEPARATION"
Detainees who have not been processed should be separated from those that have. Failure to do so provides unprocessed detainees with the opportunity to pass contraband.



4. "ORIENTATION"
Orientation is provided to inform detainees of their rights and the institutional rules. Providing orientation in the holding cells provides greater assurance that the detainee will receive a proper orientation.



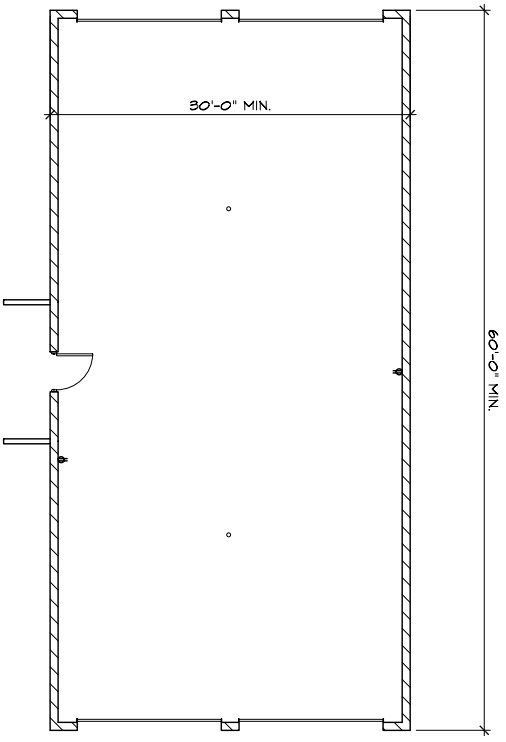
4.1 Processing - Room Data Sheet

4.1.1 VEHICULAR SALLYPORT

Function
The Vehicular Sallyport is a secure trap for one or more busses or vans. All transportation of all detainees (inbound and outbound) takes place through the Vehicular Sallyport.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.1 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Reinforced concrete block	• Sealed concrete	• Exterior grade GWB	• Hollow metal	• Detention grade	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Floor drain	• Typical w/exhaust	• Surface mounted Fluorescent	• 110V duplex outlets on 2 walls	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• Intercom at passage door

4.1.1 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	N/A				
EQUIPMENT					
	N/A				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

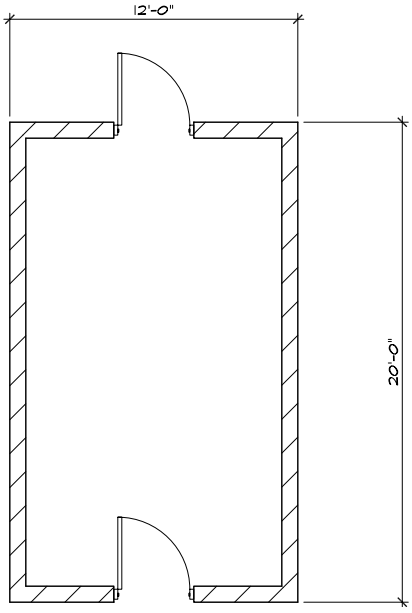
4.1 Processing - Room Data Sheet

4.1.2 PEDESTRIAN SALLYPORT & SEARCH ROOM

Function
This space serves a dual function - a pedestrian trap for temporarily confining detainees and as a secure place for pat-downs, search and physical inspection of detainees prior to moving them to a holding cell. Searches may take place on an individual basis or in small groups. The Pedestrian Sallyport and Search Room should be directly adjacent to the Vehicular Sallyport.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.2 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• Reinforced concrete block	• Sealed concrete	• Exterior grade GWB	• Hollow metal	• Detention grade	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• Floor drain	• Typical w/exhaust	• Surface mounted Fluorescent	• None	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• Intercom at passage door

4.1.2 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	N/A				
EQUIPMENT					
	N/A				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

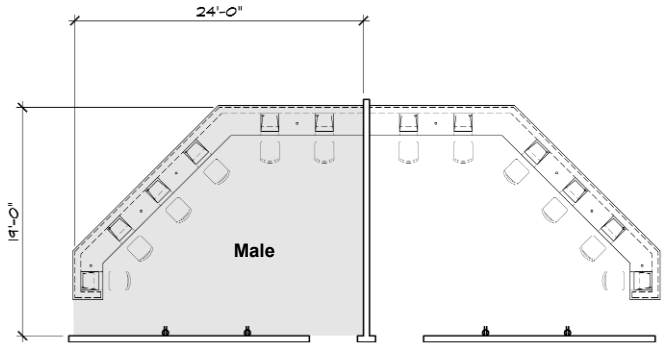
4.1 Processing - Room Data Sheet

4.1.3 PROCESSING COUNTER - MALE

Function
The Processing Counter-Male is the centerpiece to the Processing area. It is fixed and houses the identification and processing computers. All illegal immigrants are processed at this counter. It is a standing height counter made of very durable material.



Photograph



Floor Plan

Note: duplex power outlet, voice and data outlet under counter at each processing position.

Provide grommets in worksurface for voice, data and power cables at all processing positions.

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.3 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Reinforced masonry	• Sealed concrete	• GWB	• N/A	• N/A	• N/A

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• N/A	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• 2 110V duplex outlets at each processing position	• N/A	• Voice and data at each processing position

4.1.3 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk Chair				Varies
	Waste Receptacle				Varies
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

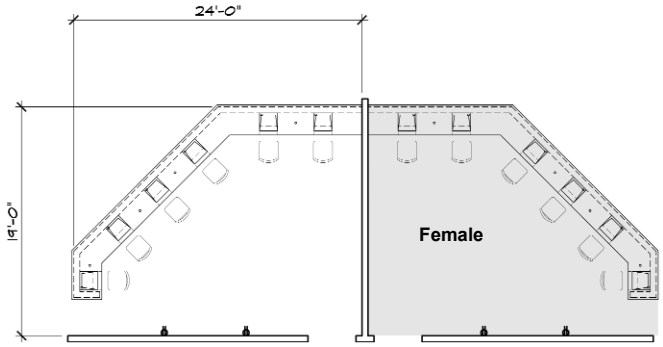
4.1 Processing - Room Data Sheet

4.1.4 PROCESSING COUNTER - FEMALE

Function
The Processing Counter-Female is the centerpiece to the Processing area. It is fixed and houses the identification and processing computers. All illegal immigrants are processed at this counter. It is a standing height counter made of very durable material.



Photograph



Floor Plan

Note: duplex power outlet, voice and data outlet under counter at each processing position.

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.4 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Reinforced masonry	• Sealed concrete	• GWB	• N/A	• N/A	• N/A

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• N/A	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• 2 110V duplex outlets at each processing position	• N/A	• Voice and data at each processing position

4.1.4 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

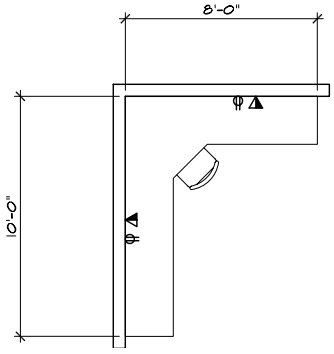
4.1 Processing - Room Data Sheet

4.1.5 ICE TRANSPORTATION WORK AREA

Function
ICE Transportation work area is a space used by staff to arrange for the transportation of detainees. Work functions include, paperwork, computer use and telephone.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.5 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Reinforced masonry	• Sealed concrete	• GWB	• N/A	• N/A	• N/A

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• N/A	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• 110V duplex outlet on two walls	• N/A	• Voice and data on two walls

4.1.5 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Desk				1
	Desk Chair				1
	Waste Receptacle				1
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

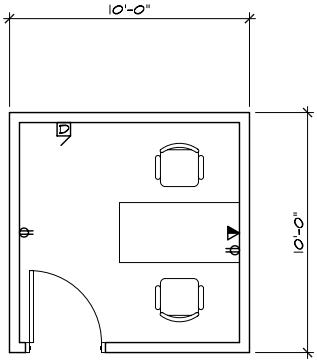
4.1 Processing - Room Data Sheet

4.1.6 ICE INTERVIEW ROOM

Function
The ICE Interview Room is an enclosed space where ICE Staff meet in a private setting with detainees on a one-to-one basis.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.6 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Reinforced masonry	• Sealed concrete	• GWB	• Hollow metal	• Standard, heavy-duty	• 3'x3' bullet resistant

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• 110V duplex outlet on two walls	• Video surveillance	• Voice and data on one wall

4.1.6 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Guest Chair				2
	36x60 Table				1
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

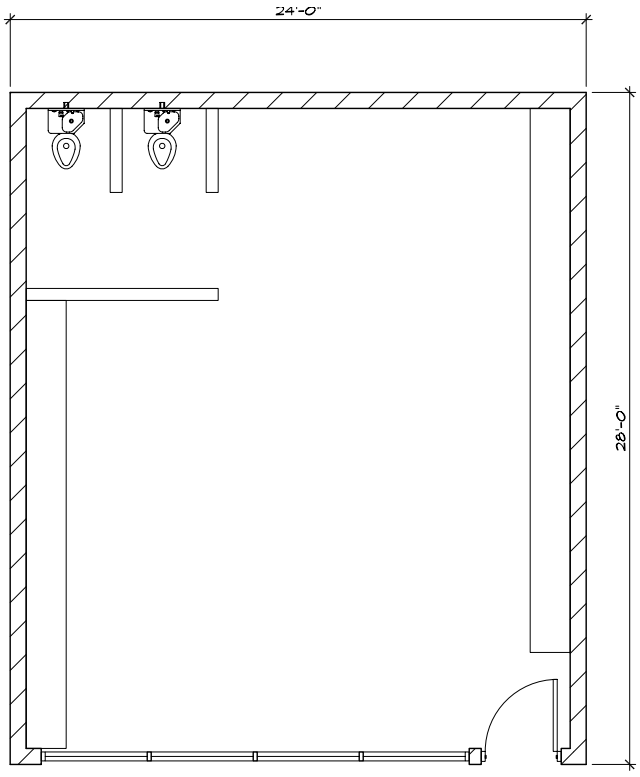
4.1 Processing - Room Data Sheet

4.1.7 LARGE HOLDING - MALE

Function
Detainees being transferred to housing or being released from the CDF are held in a Holding Room. Holding Rooms are temporary, secure confinement areas where detainees are generally held for 10 hours or less. Detainees may also be held in these rooms prior to court hearings or medical appointments for groups of twelve or greater.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.7 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• Reinforced concrete block	• Sealed concrete	• Detention ceiling	• Hollow metal, detention grade	• Detention grade	• Bullet resistant

Plumbing	HVAC	Lighting	Power	Security	Communications
• Detention combo unit	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• None	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• None

4.1.7 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Stainless steel bench				
EQUIPMENT					
	Detention-Grade Toilet/Lavatory Combo Unit				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

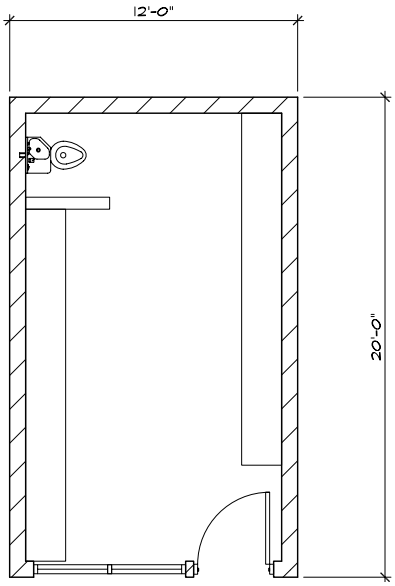
4.1 Processing - Room Data Sheet

4.1.8 SMALL HOLDING - MALE

Function
Detainees being transferred to housing or being released from the CDF are held in a Holding Room. Holding Rooms are temporary, secure confinement areas where detainees are generally held for 10 hours or less. Detainees may also be held in these rooms prior to court hearings or medical appointments for groups of four to twelve or greater.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.8 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Reinforced concrete block	• Sealed concrete	• Detention ceiling	• Hollow metal, detention grade	• Detention grade	• Bullet resistant

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Detention combo unit	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• None	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• None

4.1.8 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Stainless steel bench				
EQUIPMENT					
	Detention-Grade Toilet/Lavatory Combo Unit				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

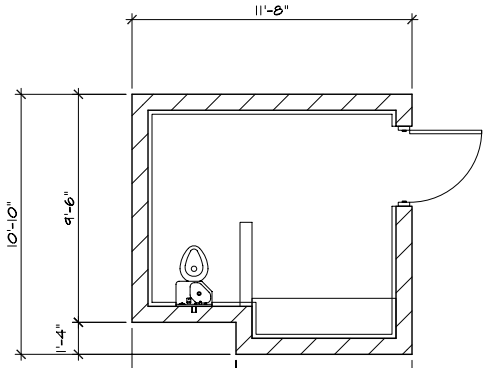
4.1 Processing - Room Data Sheet

4.1.9 SEGREGATION HOLDING - MALE

Function
Detainees being transferred to housing or being released from the CDF are held in a Holding Room. Holding Rooms are temporary, secure confinement areas where detainees are generally held for 10 hours or less. Segregation Holding cells are single occupant rooms generally used for separating detainees for disciplinary or medical reasons.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.9 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Reinforced concrete block	• Sealed concrete	• Detention ceiling	• Hollow metal, detention grade with vision panel	• Detention grade	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Detention combo unit	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• None	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• None

4.1.9 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Stainless steel bench				
EQUIPMENT					
	Detention-Grade Toilet/Lavatory Combo Unit				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

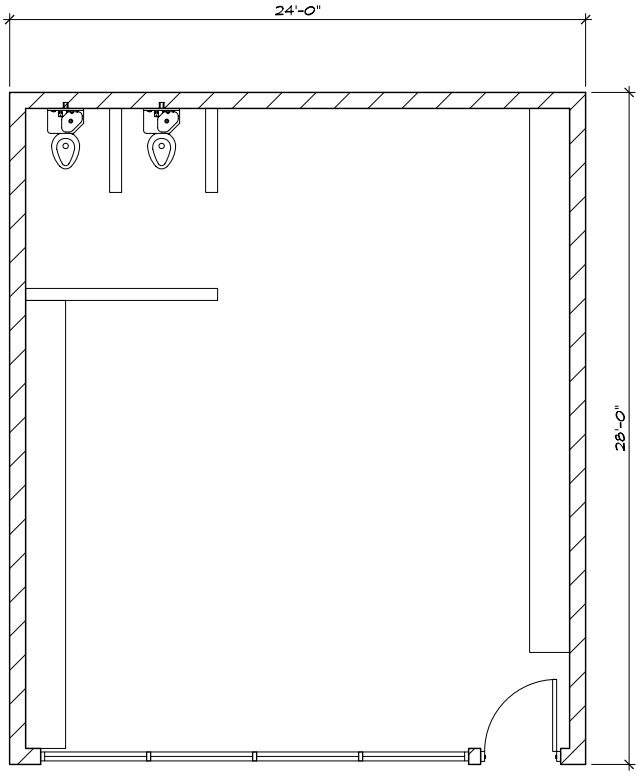
4.1 Processing - Room Data Sheet

4.1.10 LARGE HOLDING - FEMALE

Function
Detainees being transferred to housing or being released from the CDF are held in a Holding Room. Holding Rooms are temporary, secure confinement areas where detainees are generally held for 10 hours or less. Detainees may also be held in these rooms prior to court hearings or medical appointments for groups of twelve or greater.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.10 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• Reinforced concrete block	• Sealed concrete	• Detention ceiling	• Hollow metal, detention grade	• Detention grade	• Bullet resistant

Plumbing	HVAC	Lighting	Power	Security	Communications
• Detention combo unit	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• None	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• None

4.1.10 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Stainless steel bench				
EQUIPMENT					
	Detention-Grade Toilet/Lavatory Combo Unit				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

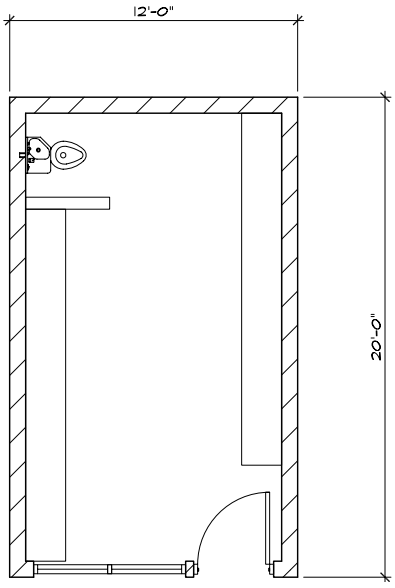
4.1 Processing - Room Data Sheet

4.1.11 SMALL HOLDING - FEMALE

Function
Detainees being transferred to housing or being released from the CDF are held in a Holding Room. Holding Rooms are temporary, secure confinement areas where detainees are generally held for 10 hours or less. Detainees may also be held in these rooms prior to court hearings or medical appointments for groups of four to twelve or greater.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.11 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• Reinforced concrete block	• Sealed concrete	• Detention ceiling	• Hollow metal, detention grade	• Detention grade	• Bullet resistant

Plumbing	HVAC	Lighting	Power	Security	Communications
• Detention combo unit	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• None	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• None

4.1.11 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Stainless steel bench				
EQUIPMENT					
	Detention-Grade Toilet/Lavatory Combo Unit				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

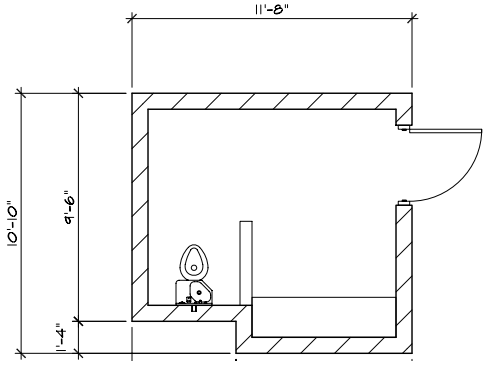
4.1 Processing - Room Data Sheet

4.1.12 SEGREGATION HOLDING - FEMALE

Function
Detainees being transferred to housing or being released from the CDF are held in a Holding Room. Holding Rooms are temporary, secure confinement areas where detainees are generally held for 10 hours or less. Segregation Holding cells are single occupant rooms generally used for separating detainees for disciplinary or medical reasons.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.12 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• Reinforced concrete block	• Sealed concrete	• Detention ceiling	• Hollow metal, detention grade with vision panel	• Detention grade	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• Detention combo unit	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• None	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• None

4.1.12 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Stainless steel bench				
EQUIPMENT					
	Detention-Grade Toilet/Lavatory Combo Unit				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

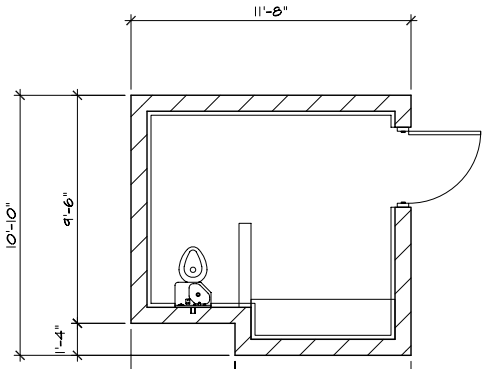
4.1 Processing - Room Data Sheet

4.1.13 SPECIAL CASE HOLDING - MALE

Function
The Special Case Holding room is used to detain and hold a single detainee that requires special care or protection. These spaces are sometimes referred to as rubber rooms or padded cells.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.13 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Pads	• Padded	• Detention ceiling	• Hollow metal, detention grade with vision panel	• Detention grade	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• Detention combo unit	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• None	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• None

4.1.13 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	N/A				
EQUIPMENT					
	Wall and floor pads				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

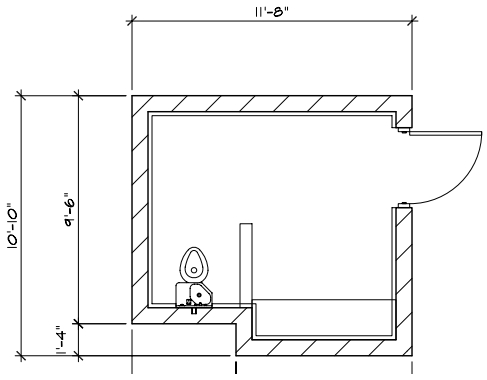
4.1 Processing - Room Data Sheet

4.1.14 SPECIAL CASE HOLDING - FEMALE

Function
The Special Case Holding room is used to detain and hold a single detainee that requires special care or protection. These spaces are sometimes referred to as rubber rooms or padded cells.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.14 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• Pads	• Padded	• Detention ceiling	• Hollow metal, detention grade with vision panel	• Detention grade	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• Detention combo unit	• Typical w/exhaust	• Recessed Fluorescent, detention grade	• None	• Electronic access control on all doors and overhead doors or gates • Video surveillance	• None

4.1.14 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	N/A				
EQUIPMENT					
	Wall and floor pads				
HARDWARE					
	N/A				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

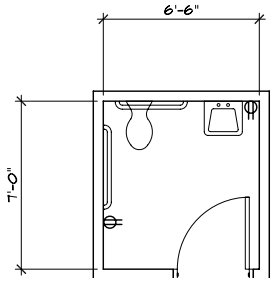
4.1 Processing - Room Data Sheet

4.1.15 STAFF TOILET

Function
The Staff Toilet is a unisex, single use room located in the Processing area.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

4.1.15 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
•	•	•	•	• See below	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
•	• Typical w/exhaust	• Recessed Fluorescent	•	•	•

4.1.15 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
EQUIPMENT					
HARDWARE					

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

4.0 Service Zone	**4.2 Health Service**	(H&HS Operated)

NOTE: See Health & Human Services Design Standards Publication

4.0 Service Zone	**4.3 Laundry**	(Contractor Operated)

4.3 Laundry

ORGANIZATIONAL REQUIREMENTS
Detainees must have clothing, bedding and towels that are clean, serviceable and presentable to maintain a hygienic and clean living environment.

Contract laundry services should be investigated for all CDF facilities. The institution launders institutional clothing and linen for the detainees. No dry cleaning services are provided to detainees or staff. Staff is not provided with laundry service. Laundry items are exchanged according to the following schedule:

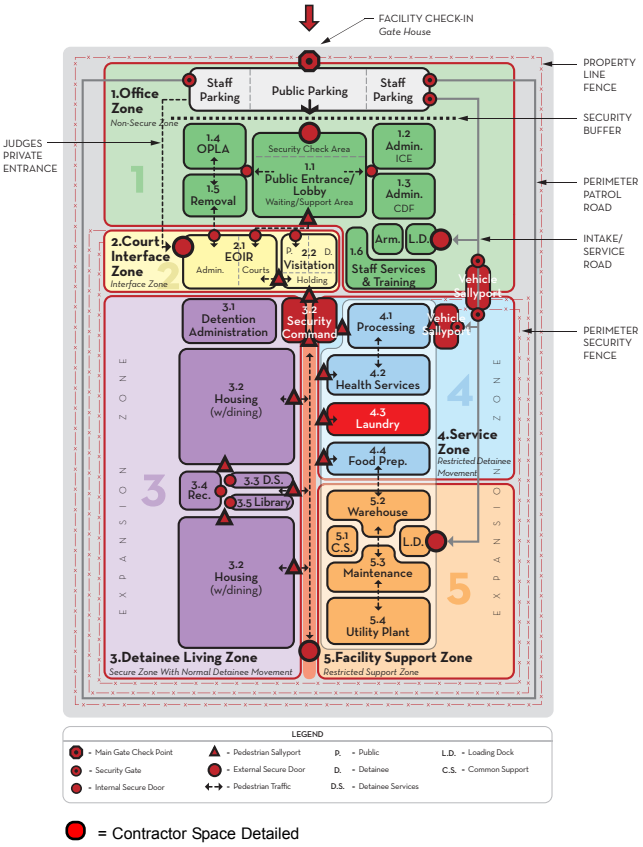
- Institutional clothing is exchanged twice per week.
- Bed linen is exchanged once per week.
- Towels are exchanged twice per week.

Detainee laundry exchange occurs at the housing area. Soiled laundry is collected from the housing areas in carts and brought to a central area for laundering. Clean items are returned to the housing areas when the exchange stock is in need of replenishing. Separate personal laundry facilities may be considered at the housing areas for female housing areas. It is desirable to let female detainees launder their own personal garments.

Soiled laundry must be processed separately from clean laundry, requiring separate areas for each. Laundry is processed by detainees and supervised by security staff. Soiled laundry is brought into one area for sorting and staging, transferred to the washers and dryers, then moved to the clean laundry area to be sorted, mended, and folded. The transportation carts must be cleaned and sorted for return routing.

Mattresses are sanitized in place on the beds. Spare mattresses should be stored at the warehouse. Detainees leave mattresses in housing at the end of their stay.

OPERATIONAL REQUIREMENTS
The central laundry should be located within the primary secure perimeter in an area restricted from general detainee access. It should be adjacent to the warehouse/receiving dock.



Functional Requirements

ID#	Space Name	Performance Criteria
4.3.1	Soiled Staging	
4.3.2	Sorting	
4.3.3	Laundry Equipment	Sized for additional capacity to handle crowded conditions & expansion
4.3.4	Chemical Storage Room	Secured room with a lockable door
4.3.5	Folding	
4.3.6	Exchange Cart Make-Up	
4.3.7	Cart Storage	
4.3.8	Clean Storage Area	Storage area for a 1-week supply of clean laundry is required in housing
4.3.9	Mending	
4.3.10	Detainee Toilet	
4.3.11	Laundry Issue	
4.3.12	Service Supervisor	
4.3.13	Officer Toilet	
4.3.14	Janitor Closet	
4.3.15	Long-Term Linen Storage	
4.3.16	Receiving Dock	
4.3.17	Medium Vehicle Bay	
4.3.18	Large Vehicle Bay	

Special/Technical Requirements

- ❑ Laundry storage: 2 sf per detainee
- ❑ Personal laundry: 50 sf per machine
- ❑ A floor drain must be located in the laundry area
- ❑ Exhaust air from the laundry should be discharged directly out of the building and should not be routed to the return air system.
- ❑ For areas with hard water, water conditioning is recommended to extend equipment life
- ❑ Water and energy-saving equipment are advised
- ❑ Laundry equipment should be sized to handle up to seven (7) lbs. of laundry per detainee per exchange

4.0 Service Zone	**4.4 Food Preparation**	(Contractor Operated)

4.4 Food Preparation

ORGANIZATIONAL REQUIREMENTS

The CDF must provide each detainee with three nutritious meals per day, of which at least two must be hot. The meals must be palatable and served at reasonable times.

Food service can be provided to the detainees in one of three (3) ways depending on the facility setting, size, and security risk:

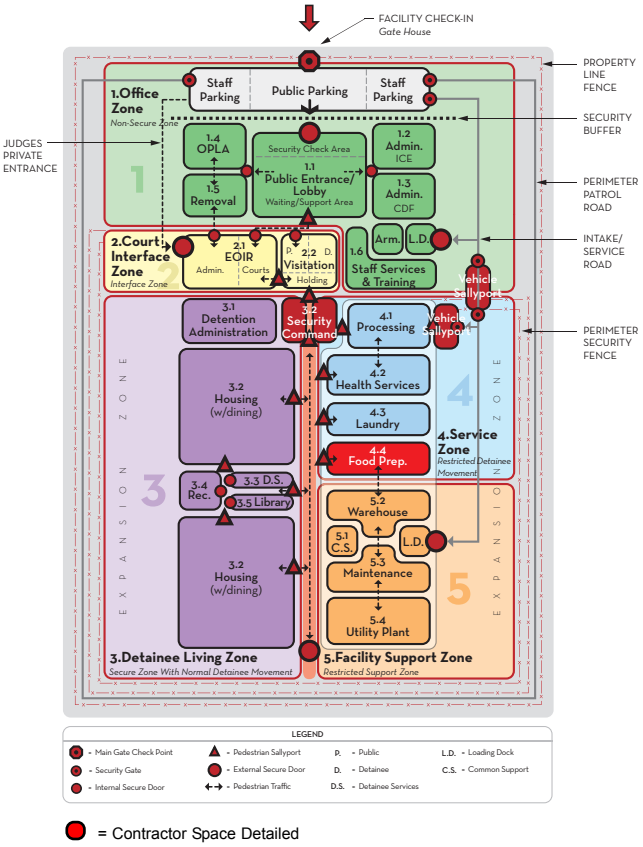
- At a centralized dining location, with detainees moving from their housing area to the dining hall for every meal;
- At the detainees' housing area, with food delivered in carts or in bulk and served in the dayroom; or
- In the cell, with food pre-trayed either at the kitchen or at a sub-kitchen at the housing area.

OPERATIONAL REQUIREMENTS

Food service is located within the primary secure perimeter. The food preparation area must be in the secure zone, restricted from general detainee access. It should be located adjacent to the warehouse/receiving dock to receive food supplies. The unloading dock for the kitchen should be within the secure perimeter and separate from other docks. An inspection area should be included on the dock.

The food storage area must be secure to prevent theft of food products. A glass-enclosed knife workroom with a secure perimeter is required in the kitchen area for detainees using cutting utensils. All knives and sharp utensils must be kept in a locked cabinet. A shadow board is recommended to allow for visual accounting of missing utensils. Separate enclosed rooms are required in the food services area for meat cutting and vegetable preparation.

Separate dining facilities are provided for the staff. The area should be located within the primary secure perimeter adjacent to the food preparation area for ease of service.



Functional Requirements

ID#	Space Name	Performance Criteria
Food Service		
4.4.1	Preparation Area	
4.4.2	Cutting Room	
4.4.3	Bake Shop	
4.4.4	Grill/Kettles/Steamer Area	
4.4.5	Beverage Line	
4.4.6	Tray Set-Up	
4.4.7	Food Cart Staging	
4.4.8	Dishwashing Area	
4.4.9	Pot/Pan Sanitation	
4.4.10	Cart and Barrel Wash	
4.4.11	Soiled Return	
4.4.12	Trash Disposal Area	
4.4.13	Detainee Toilet	
4.4.14	Secure Storage	
4.4.15	Janitor Closet	
4.4.16	Service Supervisor	
4.4.17	Clerk	
4.4.18	Lockers	
4.4.19	Staff Toilet	
4.4.20	Break Room	
4.4.21	Toxic Storage	
4.4.22	Short Term Dry Goods	
4.4.23	Walk-In Refrigerator	
4.4.24	Walk-In Freezer	
4.4.25	Long-Term Dry Goods	
4.4.26	Receiving Dock	
4.4.27	Medium Vehicle Bay	
4.4.28	Large Vehicle Bay	

Special/Technical Requirements

- ❑ Food service facilities/equipment should meet minimum standards and requirements set by qualified professional and/or government bodies.
- ❑ For areas with hard water, water conditioners are recommended.
- ❑ Food storage should be provided for a 4-day or longer supply of perishables.
- ❑ Food services should keep a 30-day carryover of water and food for catastrophic emergencies and a minimum supply of one gallon of drinking water per person per day.

5.0 Facility Support Zone

5.1 Common Support (ICE Responsibility)
5.2 Warehouse/Supply (Contractor Responsibility)
5.3 Maintenance/Fleet Operations (Contractor Responsibility)
5.4 Central Utility Plant (Contractor Responsibility)

5.0 Facility Support Zone

The Facility Support Zone provides support to the facility, though not directly to the detainees, and generally are not accessed or occupied by detainees. It is a zone that is a restricted area limited to staff and service vendors who provide vital services to maintain functions of the facility.

This document covers the ICE Common Support areas within Component 5.1 Common Support. The other components within this zone are typically defined and controlled by the Contract Detention Service Provider and are not covered in this document.

The diagram on the following page illustrates the Facility Support Zone components and the critical adjacency requirements needed for a productive work environment.

The following information has been provided for each of the components:

Function
Describes the overall purpose of the component within the CDF.

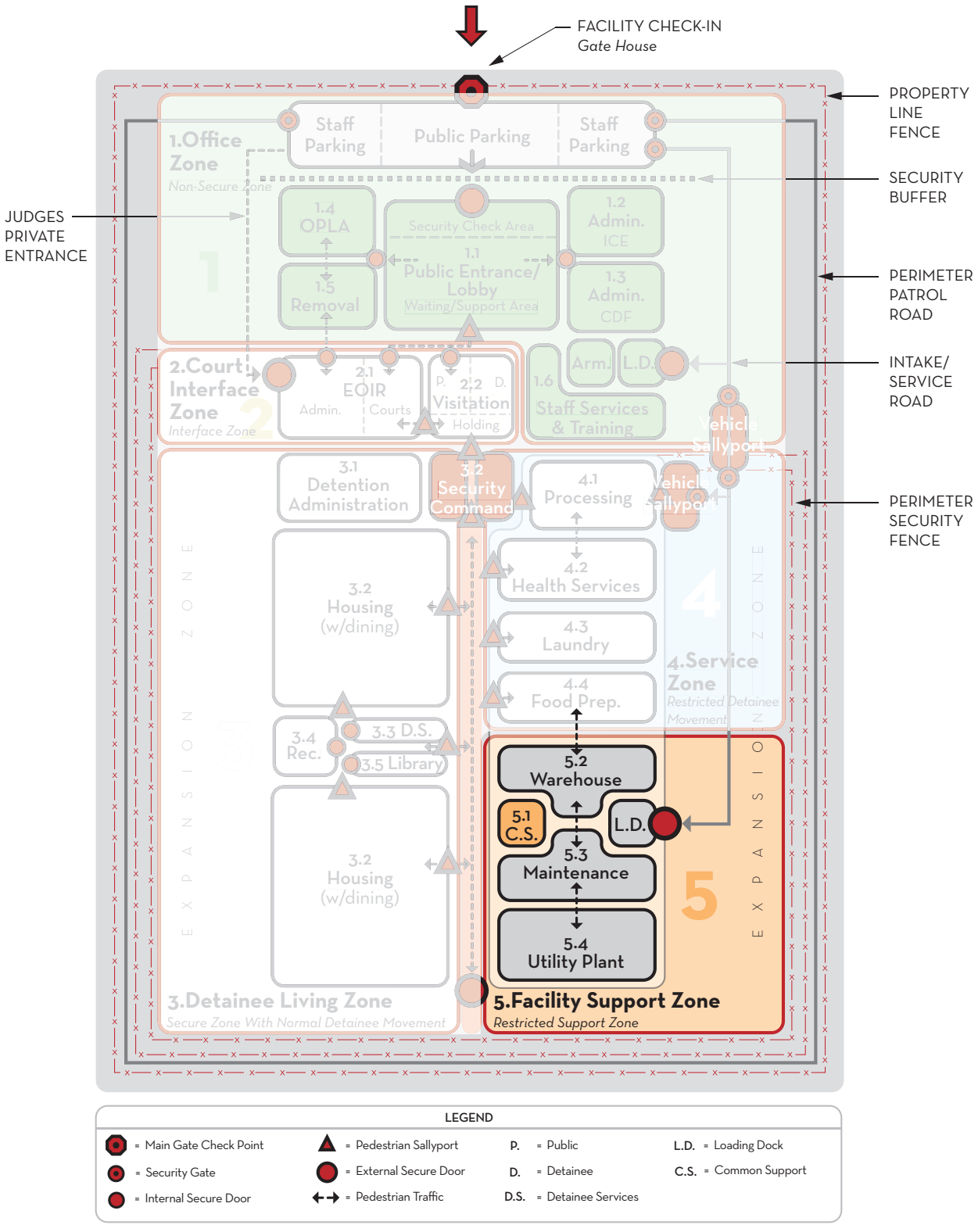
Critical Workflow Patterns
Identifies the most critical workflow patterns necessary for efficient staff productivity.

Room Data Sheets
Provides detailed information on all spaces within the components (i.e., function statements, photograph, floor plan, systems, furniture, and equipment)

The components within the Facility Support Zone are listed below:

5.1 Common Support (ICE Operated)
5.2 Warehouse/Supply (Contractor Operated)
5.3 Maintenance/Fleet Operations (Contractor Operated)
5.4 Central Utility Plan (Contractor Operated)

5.0 Facility Support Zone : Organizational Diagram



5.0 Facility Support Zone - Space Requirements

SPACE FORECAST MATRIX

The Space Requirements Summary Matrix on the following page, identifies the spaces needed for each of the functional units within the Facility Support Zone. The matrix listed below is also designed to forecast these needs for the planning scenarios.

1. <200 beds
2. 200 - 450 beds
3. 450 - 900 beds
4. 900 - 1,200 beds
5. 1,200 - 1,500 beds
6. 1,500 - 1,800 beds
7. 1,800 - 2,000 beds
8. 2,000 - 3,000 beds

The bed ranges were determined to best represent the capacity range for existing and planned detainee populations.

For each planning scenario, the following information is provided:

- # of Users is the number of persons (staff or detainees) in a given space.
- # of Spaces is the quantity of a given space.
- Space Size NSF is the net square feet or size of a given space.
- Total Size NSF is the number of spaces or quantity of a space times the NSF or size.

The sidebar to the right highlights some of the Space Planning Formulas that are used for calculating areas.

SPACE CALCULATIONS/DEFINITIONS

The total Net Square Footage is the sum of all net areas of the spaces listed. This number is multiplied by a Net-Gross Factor (an industry factor based on space type) to determine Gross Square Footage (GSF). This factor is intended to account for space such as circulation space, mechanical space, wall thicknesses, etc., that are not programmed space.

- **Net Square Footage (NSF)**
  Total clear floor area within a given room, excluding walls, corridors, mechanical equipment rooms, shafts, stairs, and chases.
- **Gross Square Footage (GSF)**
  Total building area measured from outside face of exterior walls.

Space Phasing Formulas

5.1 Common Support
- None

5.2 Warehouse//Supply

Contractor Operated.

5.3 Maintenance/Fleet Operations

Contractor Operated.

5.4 Central Utility Plant

Contractor Operated.

5.0 Facility Support Zone - Space Requirements Summary

ID#	5.0 FACILITY SUPPORT ZONE / SPACE NAME	ICE CDF STANDARD NSF	ICE CDF STANDARD Unit of Measure	< 200 BEDS # of Users	< 200 BEDS # of Spaces	< 200 BEDS Space Size NSF	< 200 BEDS Total NSF	200-450 BEDS # of Users	200-450 BEDS # of Spaces	200-450 BEDS Space Size NSF	200-450 BEDS Total NSF	450-900 BEDS # of Users	450-900 BEDS # of Spaces	450-900 BEDS Space Size NSF	450-900 BEDS Total NSF	900-1200 BEDS # of Users	900-1200 BEDS # of Spaces	900-1200 BEDS Space Size NSF	900-1200 BEDS Total NSF	1200-1500 BEDS # of Users	1200-1500 BEDS # of Spaces	1200-1500 BEDS Space Size NSF	1200-1500 BEDS Total NSF	1500-1800 BEDS # of Users	1500-1800 BEDS # of Spaces	1500-1800 BEDS Space Size NSF	1500-1800 BEDS Total NSF	1800-2000 BEDS # of Users	1800-2000 BEDS # of Spaces	1800-2000 BEDS Space Size NSF	1800-2000 BEDS Total NSF	3000 BEDS # of Users	3000 BEDS # of Spaces	3000 BEDS Space Size NSF	3000 BEDS Total NSF	Comments
5.1	**Common Support**																																			
5.1.1	ICE Common Use Mailroom	300	sf		1	300	300		1	300	300		1	300	300		1	300	300		1	300	300		1	300	300		1	300	300		1	300	300	
5.1.2	ICE LAN/Phone MDF Room	200	sf		1	200	0		1	200	0		1	200	0		1	200	0		1	200	0		1	250	0		1	250	0		1	250	0	
5.1.3	ICE LAN/Phone IDF Room	150	sf		1	150	0		1	150	0		1	150	0		2	150	0		2	150	0		2	150	0		3	150	0		4	150	0	
							300				300				300				300				300				300				300				300	
				Net-Gross Factor		1.30	90	Net-Gross Factor		1.30	90	Net-Gross Factor		1.30	90	Net-Gross Factor		1.30	90	Net-Gross Factor		1.30	90	Net-Gross Factor		1.30	90	Net-Gross Factor		1.30	90	Net-Gross Factor		1.30	90	Net-Gross Factor		1.30	90	
				Gross Square Feet			**390**	**Gross Square Feet**			**390**	**Gross Square Feet**			**390**	**Gross Square Feet**			**390**	**Gross Square Feet**			**390**	**Gross Square Feet**			**390**	**Gross Square Feet**			**390**	**Gross Square Feet**			**390**	**Gross Square Feet**			**390**	
5.2	**Warehouse/Supply**																																			
	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	
5.3	**Maintenance/Fleet Operations**																																			
	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	
5.4	**Central Utility Plant**																																			
	Contractor Space																																			
							0				**0**				**0**				**0**				**0**				**0**				**0**				**0**	
				Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	Net-Gross Factor		1.33	0	
				Gross Square Feet			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	**Gross Square Feet**			**0**	

5.0 Facility Support Zone

5.1 Common Support (ICE Operated)

Space Requirements

5.1.1 ICE Common Use Mailroom

5.1.2 ICE MDF Room

5.1.3 ICE IDF Room

5.1 Common Support - Function

FUNCTION STATEMENT
The primary function of Common Support is to provide the overall facility with the space and amenities necessary to operate the facility and serve the administrative and detention operations. Support spaces are strategically located to minimize the space requirements and maximize the efficiency of staff and infrastructure systems.

Design Criteria

Critical Issues

- ✓ Central location
- ✓ Involvement and guidance from the ICE IT staff

Special Requirements

- ✓ ICE Cabling Standards

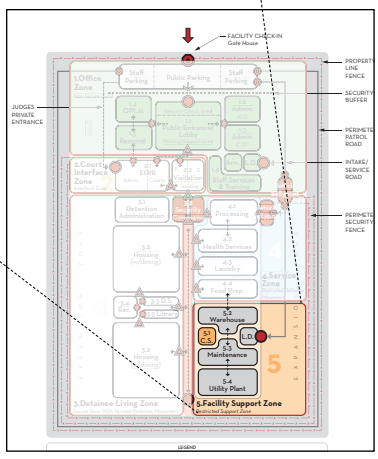
Space Requirements

5.1 COMMON SUPPORT

5.1.1 ICE Common Use Mailroom
5.1.2 ICE MDF Room
5.1.3 ICE IDF Room

5.1 Common Support : Organizational Diagram

N/A



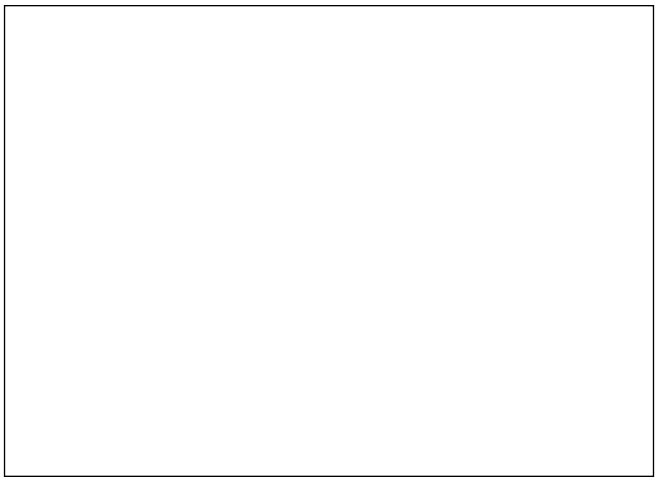
Facility Support Zone Diagram

5.1 Common Support - Room Data Sheet

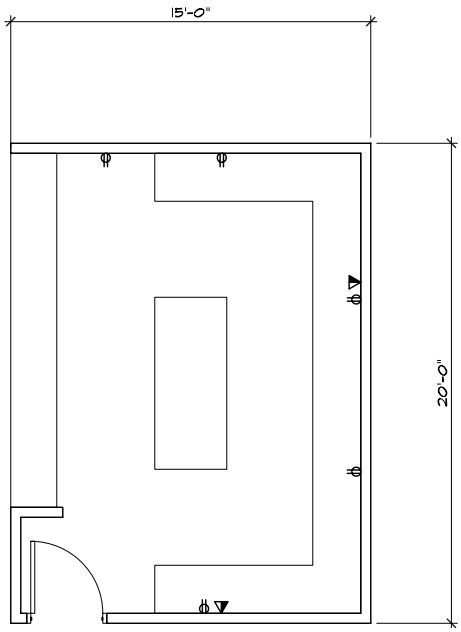
5.1.1 ICE COMMON USE MAILROOM

Function
The ICE Common Use Mailroom serves all ICE staff and agents. All mail is sent, received, and distributed from this room

The ICE Common Use Mailroom shall be centrally located and adjacent/close to the ICE Administration.



Photograph



Floor Plan

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

5.1.1 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• Paint	• VCT	• Suspended acoustical	• Hollow metal	• See below	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• None	• Typical w/exhaust	• Recessed Fluorescent	• 110V duplex outlet on ea. wall, plus as needed for equip-ment	• None	• Voice and data on 2 walls

5.1.1 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Mailslots				Varies
EQUIPMENT					
	N/A				
HARDWARE					
	Lockset				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

5.1 Common Support - Room Data Sheet

5.1.2 ICE LAN/PHONE MDF ROOM

Function
The ICE Main Distribution Frame Room co-locates ICE LAN and phone services to the facility. This room will house one LAN server for ICE and OPLA and a second server for Public Health Services. These facilities (CDF's) must be designated as multi-tenant facilities when planning and designing this space. Contractor LAN/phone requirements must not be accommodated in this room. If contractor requires LAN/phone space, it must be in a separate room.

The LAN/Phone MDF room shall be centrally located within the ICE Administration area. The LAN/Phone MDF room shall not be horizontally or vertically adjacent to building mechanical rooms, electrical rooms or toilet/shower areas. Fire suppression systems serving this space shall be separately zoned, pre-action systems and shall have audible and visual alarms for smoke and heat.

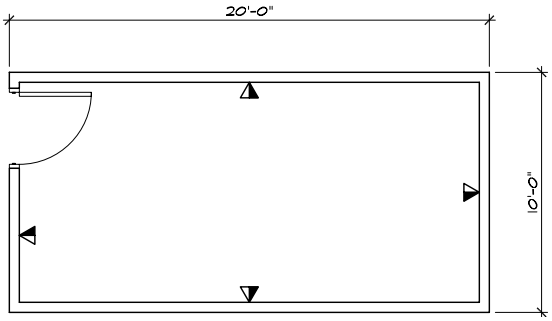
Specific Electrical Requirements
Five isolated, dedicated 120 volt, 20 Amp circuits with NEMA 5-20 quad receptacles shall be installed; two in the vicinity of the data rack and two in the vicinity of the telephone switch. If the compound has a generator, these four outlets should be connected to the generator. Each wall should have a standard duplex receptacle outlet. The duplex receptacle outlets are not required to be isolated, dedicated, or connected to a generator. One 120 volt, 20 Amp circuit with NEMA L5-20 locking receptacle is required in the vicinity of the server cabinet.

Certified electrical ground and bus required in each closet and connected to a dedicated building ground that is compliant with; the ANSI/TIA/EIA 607, the Motorola R56 Standards and Guidelines, and the Nortel Meridian 1 PBX Option 11C Environmental and Power Requirements document. If any of these documents are in conflict, then, as a general principle, the more stringent requirement shall apply. This ground is for communications equipment only.

ICE IT Specific Performance Requirements
- ✓ *Must have capability to monitor detainee phone calls*
- ✓ *All station cable (data & voice) shall be 4 pair (see cable standard)*
- ✓ *Facility shall be designated as a multi-tenant facility when permit is sought*
- ✓ *Below slab conduit between MDF & EIOR as well as MDF & IDF's*
- ✓ *(2) 4" conduits + pull strings from pedestal to each EOIR, PHS & ICE MDS (demarcation points)*



Photograph



Floor Plan
Increase width of room to 15' for facilities of 1,500 detainees or more.

- ✓ *All receptacles shall be isolated ground and shall be on the emergency generator*
- ✓ *3-sided cable tray required; provide for 50% access capacity or space for stacked tray for future growth. All V/D cable tray must cross electrical at 90° or be at least 12" away*
- ✓ *UPS for data provided by ICE within equipment*
- ✓ *UPS for voice - 100% for two hours*
- ✓ *Every voice/data outlet shall have four cables (4 four pair cables)*
- ✓ *Every office shall have two voice/data outlets; every cubicle shall have one voice/data outlet*
- ✓ *Every voice/data outlet requires an adjacent power outlet*
- ✓ *All conduit shall include an additional pull string*
- ✓ *Home run conduit not preferred unless code required*
- ✓ *Outlet face plates for ICE shall be different color than those of the facility operator*
- ✓ *Cable runs & routing shall consider safety & security*
- ✓ *V/D required at ICE VTC locations*
- ✓ *Furniture (desks, credenzas) must have access to wall outlets through privacy screen*

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

5.1.2 SYSTEMS MATRIX

Walls	*Floors*	*Ceiling*	*Doors*	*Hardware*	*Glazing*
• Full height GWB w/wire mesh • 3/4" treated, fire retardant plywood on all walls from 18" to 8' high, painted w/ fire retardant paint	• Anti-static VCT	• ACT-8' high min., security clipped	• Hollow metal - outward swinging	• See below • Keyed on ICE keying system • Sippher locks not allowed	• None

Plumbing	*HVAC*	*Lighting*	*Power*	*Security*	*Communications*
• None • Overhead piping not allowed	• Stand alone system • Maintain 64ºF-75ºF • Maintain 30-55% RH • 24/7 Operation	• Recessed Fluorescent	• 110V duplex outlet on ea. wall, plus as needed for equipment	• See below	• None

5.1.2 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	*Item*	*Vendor**	*Style*	*Model #*	*Qty.*
FURNITURE					
	Computer Table				1
	Desk Chair				1
	Bookshelf				1
	Waste Receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Access Control				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

5.1 Common Support - Room Data Sheet

5.1.3 ICE LAN/PHONE IDF ROOM

Function
The Intermediate Distribution Frame Room co-locates LAN and phone. ICE IDF Rooms are required if the data station cable exceeds 250 feet from MDF outlet to IDF outlet.

The ICE IDF Room shall be centrally located and not horizontally or vertically adjacent to building mechanical rooms, electrical rooms or toilet/shower areas.

Fire suppression systems serving this space shall be separately zoned, pre-action systems and shall have audible and visual alarms for smoke and heat.

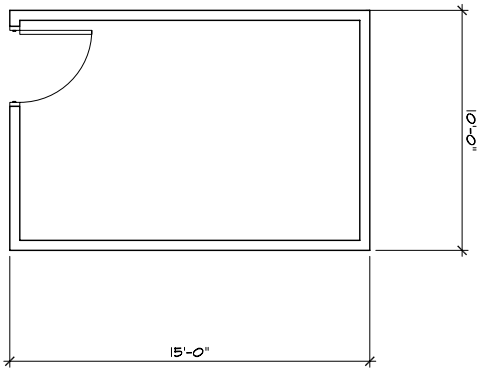
Specific Electrical Requirements
Five isolated, dedicated 120 volt, 20 Amp circuits with NEMA 5-20 quad receptacles shall be installed; two in the vicinity of the data rack and two in the vicinity of the telephone switch. If the compound has a generator, these four outlets should be connected to the generator. Each wall should have a standard duplex receptacle outlet. The duplex receptacle outlets are not required to be isolated, dedicated, or connected to a generator. One 120 volt, 20 Amp circuit with NEMA L5-20 locking receptacle is required in the vicinity of the server cabinet.

Certified electrical ground and bus required in each closet and connected to a dedicated building ground that is compliant with; the ANSI/TIA/EIA 607, the Motorola R56 Standards and Guidelines, and the Nortel Meridian 1 PBX Option 11C Environmental and Power Requirements document. If any of these documents are in conflict, then, as a general principle, the more stringent requirement shall apply. This ground is for communications equipment only.

ICE IT Specific Performance Requirements
- ✓ *Must have capability to monitor detainee phone calls*
- ✓ *All station cable (data & voice) shall be 4 pair (see cable standard)*
- ✓ *Facility shall be designated as a multi-tenant facility when permit is sought*
- ✓ *Below slab conduit between MDF & EIOR as well as MDF & IDF's*
- ✓ *(2) 4" conduits + pull strings from pedestal to each EOIR, PHS & ICE MDS (demarcation points)*
- ✓ *3-sided cable tray required; provide for 50% access capacity or space for stacked try for future growth. All V/D cable tray must cross electrical at 90º or be at least 12" away*
- ✓ *UPS for data provided by ICE within equipment*



Photograph



Floor Plan

- ✓ *All receptacles shall be isolated ground and shall be on the emergency generator*
- ✓ *UPS for voice - 100% for two hours*
- ✓ *Every voice/data outlet shall have four cables (4 four pair cables)*
- ✓ *Every office shall have two voice/data outlets; every cubicle shall have one voice/data outlet*
- ✓ *Every voice/data outlet requires an adjacent power outlet*
- ✓ *All conduit shall include an additional pull string*
- ✓ *Home run conduit not preferred unless code required*
- ✓ *Outlet face plates for ICE shall be different color than those of the facility operator*
- ✓ *Cable runs & routing shall consider safety & security*
- ✓ *V/D required at ICE VTC locations*
- ✓ *Furniture (desks, credenzas) must have access to wall outlets through privacy screen*

SYMBOL LEGEND: △ Voice Outlet ▲ Data Outlet ◭ Voice/Data Outlet ⊖ Duplex Outlet △ ISDN Outlet D Duress Alarm Outlet

5.1.3 SYSTEMS MATRIX

Walls	Floors	Ceiling	Doors	Hardware	Glazing
• Full height GWB w/wire mesh • 3/4" treated, fire retardant plywood on all walls from 18" to 8' high, painted w/ fire retardant paint	• Anti-static VCT	• ACT-8' high min., security clipped	• Hollow metal - outward swinging	• See below • Keyed on ICE keying system • Sippher locks not allowed	• None

Plumbing	HVAC	Lighting	Power	Security	Communications
• None • Overhead piping not allowed	• Stand alone system • Maintain 64ºF-75ºF • Maintain 30-55% RH • 24/7 Operation	• Recessed Fluorescent	• 110V duplex outlet on ea. wall, plus as needed for equipment	• See below	• None

5.1.3 FURNITURE - EQUIPMENT - HARDWARE SCHEDULE

ID	Item	Vendor*	Style	Model #	Qty.
FURNITURE					
	Computer Table				1
	Desk Chair				1
	Book Shelf				1
	Waste Receptacle				1
EQUIPMENT					
	None				
HARDWARE					
	Access Control				

* Vendor names are listed as a point of reference for equipment specs. Equal products by other manufactures can be used.

** Lockset to be determined based on CDF facility requirements. Where an existing facility is being modified, new hardware shall be compatible with existing preference is for electronic keyless entry - via card readers or cipher locks. Each system must provide for key override.

5.0 Facility Support Zone	**5.2 Warehouse/Supply**	(Contractor Operated)

5.2 Warehouse/Supply

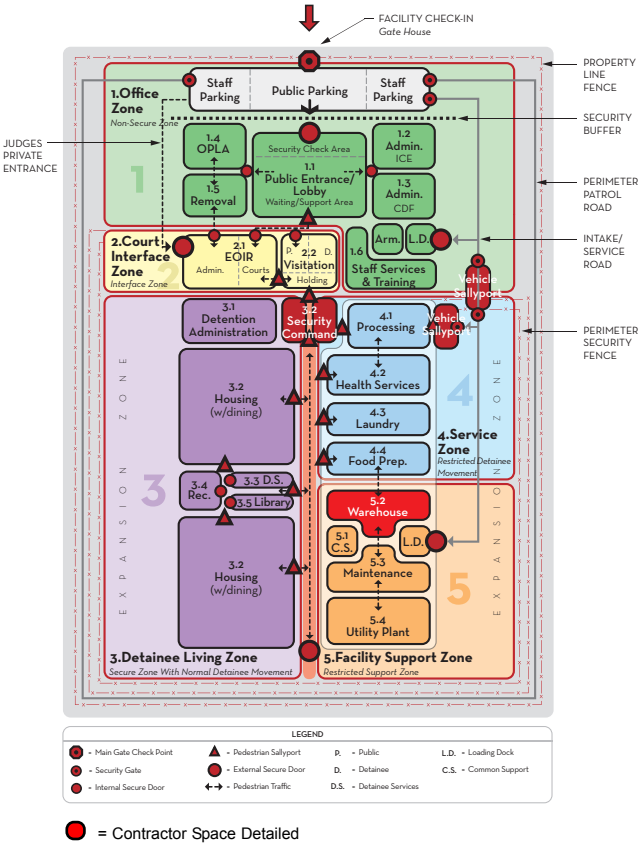
ORGANIZATIONAL REQUIREMENTS
The warehouse is used for storage of office supplies, paper goods, cleaning/janitorial supplies, laundry and linen supplies, personal hygiene supplies, office furniture, extra food supplies and emergency supplies. This component is responsible for maintaining an inventory of supplies and ordering replacement stock as required.

OPERATIONAL REQUIREMENTS
Warehouse/Supply may be placed in one of the following zones:

- ***Secure zone restricted from general detainee access.*** This allows frequent movement of materials to their destination with minimal crossing of the secure perimeter. Warehouses located in the secure zone should have an inspection area located near the loading dock.

- ***The non-secure zone by the vehicular entrances.*** This location allows the warehouse/supply to serve other institutions located nearby. This location does not allow the use of detainee labor and consequently does not require a secure service yard.

Warehouse/Supply should be located adjacent to laundry and maintenance for receipt and distribution of supplies.



Functional Requirements

ID#	Space Name	Performance Criteria
Warehouse		
5.2.1	Long-Term Commissary Storage	
5.2.2	Long-Term Linen Storage	
5.2.3	Long-Term Food Dry Goods	60º F temp for grains and other type goods, A/C humidity control
5.2.4	Maintenance Storage	8-10 SF of storage is required per detainee
5.2.5	Vehicle Maintenance Storage	
5.2.6	Office Goods Storage	
5.2.7	Chemical Storage	
5.2.8	Bulk Storage	
5.2.9	Detainee Toilet	
5.2.10	Service Supervisor	
5.2.11	Supply Clerk Workstation	
5.2.12	Officer Toilet	
5.2.13	Janitor Closet	40 SF
5.2.14	Receiving Dock	100 SF per dock bay
5.2.15	Medium Vehicle Bay	810 SF per space
5.2.16	Large Vehicle Bay	1,100 SF per space

Special/Technical Requirements

- ❑ The warehouse requires a minimum of two loading dock bays and parking for at least three trucks. Two additional staging spaces are required for other trucks. Space for trash storage should be provided at the dock and should be enclosed to control vermin and pests. The loading dock should have a platform 1,200-mm (4 ft) above the roadbed, with dock levelers. The dock apron should extend 36 meters (120 ft) from the dock edge. The dock should be covered at temperate hot/humid or hot/arid climates, and enclosed at temperate or cold climates. The dock canopy or ceiling should be 3,000-mm (10 ft) above the dock platform. Enclosed docks should have a dock seal. A canopy should extend 1,200-mm (4 ft) out from the dock over the back edge of the vehicle. All enclosed docks must also have a man door emergency exit.
- ❑ Warehouse/Supply must be equipped with a fire suppression system and alarm system. An eye wash station is also required in the warehouse.
- ❑ The exterior service yard should be well lit to accommodate unloading and loading activities.
- ❑ The warehouse storage area can be high-bay space with exposed structure and concrete floors.
- ❑ The warehouse requires a high ceiling and multiple levels of storage racks.
- ❑ A secure service yard is required for delivery vehicles to unload products at the dock.
- ❑ The vehicle sallyport must be large enough to accommodate WB-50 tractor-trailer vehicles that are 17 meters (55 ft) long.

5.0 Facility Support Zone	**5.3 Maintenance/Fleet Operations** (Contractor Operated)

5.3 Maintenance/Fleet Operations

ORGANIZATIONAL REQUIREMENTS

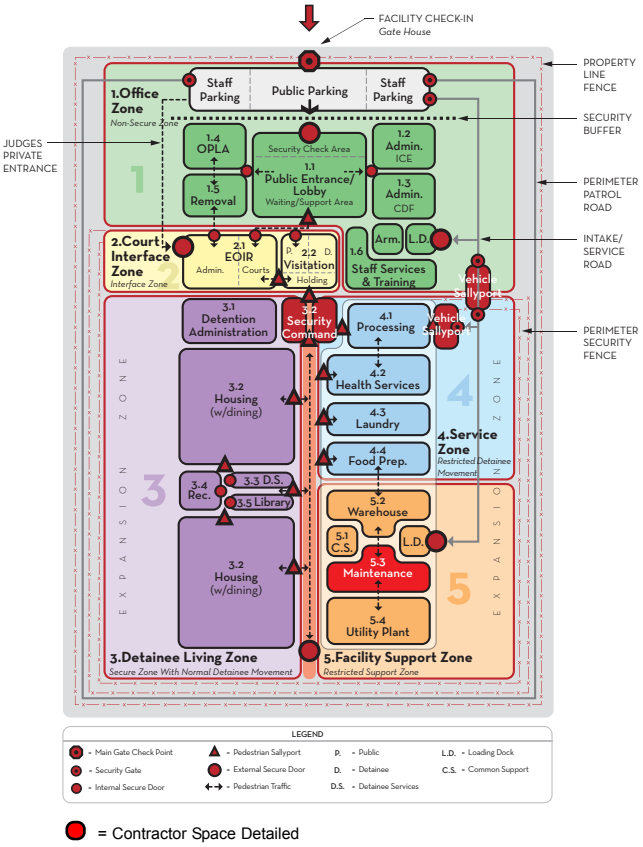
The CDF provides its own facility maintenance. Generally speaking, for security reasons, maintenance of the facility is not contracted to outside parties, except for HVAC work and other specialized trades. Staffing should provide sufficient shop capability for upkeep, including electrical and electronics, plumbing, carpentry, and paint.

The staff level for maintenance depends on the age of the facility as well as the size, and the amount of work contracted to service vendors. As a general guideline, the facility should have one mechanic for every 80 detainees or 2,800 square meters (30,000 square feet). This number may be increased if the maintenance staff has engaged capital improvement projects in addition to preventative maintenance.

OPERATIONAL REQUIREMENTS

The maintenance component may be located inside or outside the secure perimeter. If located outside, there is less control required inside the shop, though mechanics will be required to make frequent trips through the sallyport for service orders. It should be adjacent to the vehicle service area and sallyport for receipt and storage of bulk maintenance goods.

Maintenance located outside the secure perimeter can more easily serve other institutions at the site.



Functional Requirements

ID#	Space Name	Performance Criteria
Maintenance		
5.3.1	Maintenance Supervisor Office	Office should have a window to oversee shop space
5.3.2	Craftsmen	
5.3.3	Electronics/ADP Lab	Environmentally controlled space
5.3.4	General Shop Workbench	100 SF per station
5.3.5	Plumbing Shop	Locked storage for pipes, fitting parts, drain snakes on carts
5.3.6	Electrical Shop	Electronic shop bench, 100 SF per station, mostly storage
5.3.7	Paint Shop	Equipped with an OSHA approved paint hood and explosion proof lighting
5.3.8	HVAC Shop	Equipped with vacuum/pumps, collectors, rechargers and test equipment
5.3.9	Welding Shop	Equipped with welding hood, tank storage, 3-220 volt 3-phase elec. outlets
5.3.10	Tool Room	Secure room with pegboards and tool drawers for tool inventory
5.3.11	Grounds Maintenance	Storage for mowers, roto-tiller and other equipment
5.3.12	Medium Vehicle Bay	810 SF per space
5.3.13	Staff Toilet	
5.3.14	Storage	
5.3.15	Library	Used for equipment manuals

Special/Technical Requirements

- ❑ A large bay high ceiling area is required for shops.
- ❑ Tools should be stored in a secure tool room on shadow boards to allow for quick accounting of tools.
- ❑ Tool room entrance should be under the direct visual control of the maintenance supervisor.
- ❑ Hazardous tools should be located in a secure tool storage crib located outside the secure perimeter.
- ❑ Shop areas need to be oversized for initial build out.
- ❑ Paint should be stored in a separate vented area for flammable goods storage.

5.0 Facility Support Zone	**5.4 Central Utility Plant**	(Contractor Operated)

5.4 Central Utility Plant

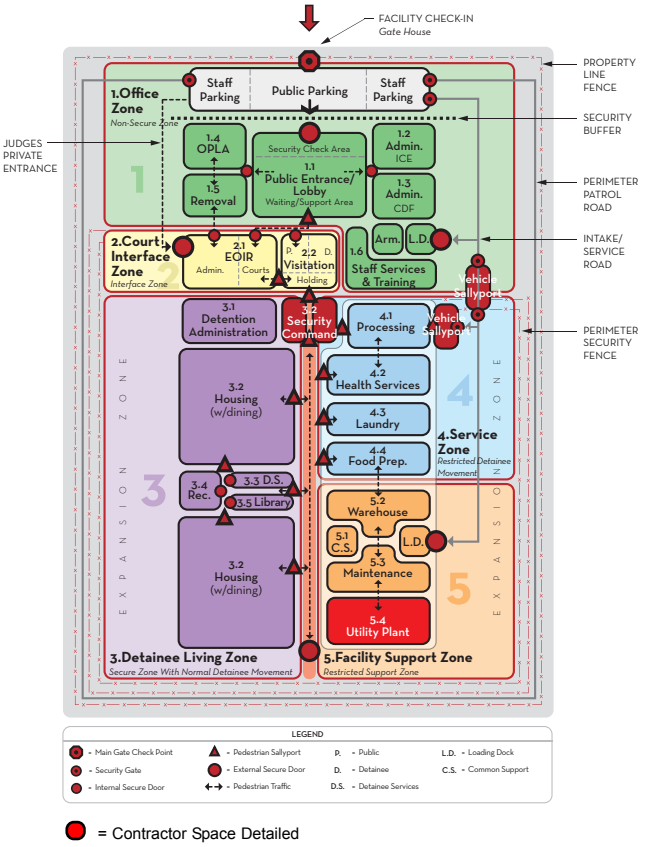
ORGANIZATIONAL REQUIREMENTS

The spaces and equipment required for heating, air conditioning, power, emergency power, communications, water service and fire suppression must be given special planning consideration to assure security and continuity of operation, even during emergency or equipment failure. Adequate consideration must also be given to the possible impact of facility expansion and overcrowding on the physical plant and infrastructure.

The Central Plant and facility infrastructure will include the following elements:

- Central Plant, including central mechanical equipment for building heating and cooling, water service, water heating and conditioning, and fire suppression entrance and pumps.
- Electric power service, emergency generators and fuel storage.
- Distribution closets for electrical and communications systems, local fan rooms for delivery of building heating and cooling; and in larger campus type institutions, water heating may also be decentralized.
- Accessible plumbing service chases throughout the facilities.

The user should refer to the Facility Standards of the Public Buildings Service for general recommendations among central energy equipment alternatives.



OPERATIONAL REQUIREMENTS

The central physical plant area should be on an external wall with overhead rolling doors and/or removable panels for accessibility for long-term maintenance of central energy equipment. Regular access should be by means of eight-foot high double doors. The central plant should be equipped with a rack and pulley system for moving equipment. As a rule of thumb, provide central plant space at a ratio of 5 percent of the total building area.

The primary electric power service will enter the facility at the Central Plant. A separate space will be required for the main switchgear, transformation equipment, and the distribution panelboards. The stand-by generator for emergency power may be located in the electrical section of the Central Plant or a unit with integral weather enclosure will be located just outside. Primary fuel storage should be outside.

The telecommunications systems should have centralized equipment room for PBX, computing equipment, video switches, door control systems, electronic monitoring systems, and radio communication systems. As a rule of thumb, provide equipment room area equal to one percent of the total building area.

Functional Requirements

ID#	Space Name	Performance Criteria
Physical Plant		
5.4.1	Mechanical Room	
5.4.2	Electrical Room	
5.4.3	Electrical Closets	80 SF
5.4.4	Tel / Comm Room	
5.4.5	Tel / Comm Closet	80 SF
5.4.6	UPS Battery Room	
5.4.7	Emergency Generator	200 SF
5.4.8	Janitor Closet	40 SF

Special/Technical Requirements

- ❑ In addition to the Central Plant, the facility requires electrical and communication closets every 1,400 square meters (15,000 square feet) or every 90 meters (300 feet). The telecommunication and electrical closets should be located outside of detainee continuously occupied areas such as dayrooms and recreation yards. Access to these closets should be under the visual supervision of the detention security officers. Closets on the outside of the secure perimeters should not be placed directly on the secure perimeter where attempts to compromise the secure perimeter may be unobserved.
- ❑ The communication closet should be a minimum of 3,000-mm (10 feet) by 2,400-mm (8 feet), with fixed plywood covering on two walls, and sealant on all finishes to reduce dust. The room should have a minimum of two 20-amp 110-volt outlets as well as convenience outlets.
- ❑ The room shall have 24-hour HVAC service.

Technical Requirements

Technical Requirements

HANDICAPPED ACCESSIBILITY
Accommodations for the handicapped shall be provided in accordance with the Uniform Federal Accessibility Standards (UFAS), which identifies standards for complying with accessibility provisions contained in the Architectural Barriers Act, 42 U.S.C. 4251-4157, and/or applicable local codes, regulations and laws.

FIRE PROTECTION AND LIFE SAFETY
Fire Protection and Life Safety requirements shall be in accordance with local statutes. Notwithstanding this provision, the requirements shall comply with National Fire and Protection Association, National Fire Codes, Occupational Safety and Health Administration standards, and applicable local and/or national codes.

ELECTRICAL
The installation of two isolated ground duplex outlets with a limit of four isolated ground outlets per circuit shall be provided per 125 square feet of space. For each position, there shall be one quadruplex outlet (or equivalent). All power wiring shall be in floor, wall, or ceilings. No power poles are allowed. Panelboards shall have spare circuit spaces, which shall be defined by EOIR with each space request.

One electrical closet per 10,000 square feet shall be provided with sufficient ventilation. Notwithstanding this provision, a minimum number and location of outlets required by local and/or national codes shall be adhered to.

MECHANICAL
Mechanical requirements shall be provided in accordance with the American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) Handbook and Standards.

PHYSICAL SECURITY
Physical security guidelines have been established for EOIR to afford an adequate level of uniform protection. Each guideline is designed to achieve a separate security objective. All guidelines are mutually inclusive and the absence of any component, will result in a security vulnerability. These guidelines include the following:

Public Access Control

Agency requires contiguous space. Space will be accessible to the public while providing adequate security measures, due to the highly sensitive and critical filing and archiving system and for increased personnel security. Unique building siting and/or security issues and concerns may also preclude building occupancy.

Visitors are required to pass through a public access control (PAC) point or screening area comprised of a guard(s), a magnetometer, and/or X-ray equipment. Emergency exits shall be accessible to the public.

Employee Entrances: Consideration shall be given to establishing one or more separate employee entrances.

Perimeter Security
Perimeter Security is the outer security boundary which surrounds the secured area, and provides the first level of control and protection. The perimeter security guidelines will contain the following minimum components:

Site Perimeter: The perimeter of the CDF property shall be delineated by a minimum 6 feet (1800 mm) high non-secure chain link fence with single barbed wire outrigger, or in an urban setting, a 6' (1800 mm) high concrete masonry fence to block views. This fencing is intended to clearly identify the limitations of the property to the general public. Appropriate fence-mounted signage shall identify US Government Property and specify the penalties for crossing the fence without authorization. A buffer zone of 200 feet (61 meters) shall be provided between the perimeter fence and the primary facility perimeter in order to diminish visual contact between the public and secure sides. In urban areas, where the buffer zone or a separate site perimeter is not attainable, other measures for the security and protection of the facility must be considered. At the site perimeter, maintain openings in the chain link fence for vehicular site access.

Pedestrian Sallyport: Where separate pedestrian access through the primary facility perimeter is provided, gates shall be interlocked and under CCTV surveillance from the central control room. The interlocked gates shall be operated from the central control room.

Walls: Slab to slab walls; either concrete block with drywall or plaster finish, or metal stud with drywall and fiberglass insulation.

The wall surrounding the Ballistic Transaction Window (BTW) will be reinforced with 9-11 gauge steel mesh lathe. Ballistic-rated walls may be considered where appropriate.

Wall Construction:
"High" security walls shall be constructed using one of the following methods:

Concrete masonry unit walls shall be a minimum nominal 8" (200 mm) wide units reinforced with #4 (No. 13 metric) vertical reinforcing bar at 8" (200 mm) on center. All cells of concrete masonry units shall be fully grouted with 3,000 psi (21 Mpa) grout.

Precast concrete panel walls shall be a minimum nominal 4" (100 mm) wide, minimum strength of 5,000 psi (35 Mpa) and reinforced with minimum W4 (MW26) welded wire fabric at 4" (100 mm) on center in both directions, conforming to ASTM A185. *Cast-in-place concrete walls* shall be a minimum 6" (150 mm) wide, minimum strength of 3,000 psi (21 Mpa) reinforced with #4 (No. 13 metric) reinforcing bars at 8" (200 mm) on center in one direction. Cast-in-place concrete walls that are less than 6" (150 mm) wide, but no less than 4" (100 mm) wide shall have a minimum strength of 5,000 psi (35 Mpa) reinforced with W4 (MW26) welded wire fabric at 4" (100 mm) on center in both directions.

Steel wall panels shall be 0.093 in. (12 gage) minimum thickness A-60 galvanneal steel conforming to ASTM A 653-CS requirements. All structural or stiffening members shall be 0.058 in. (16 gage) minimum thickness A-60 galvanneal steel conforming to ASTM A 653-LFQ requirements. All structural tubing stall be 0.115 in. (11 gage) minimum thickness steel conforming to ASTM A 653-CS and ASTM A-525, G-90 galvanized requirements.

"Medium" security walls shall be constructed using one of the following methods:

Concrete masonry unit walls shall be a minimum nominal 8" (200 mm) wide units reinforced with #4 (No. 13 metric) vertical reinforcing bar at 16" (400 mm) on center. All cells of concrete masonry units shall be fully grouted with 3,000 psi (21 Mpa) grout.

Precast concrete panel walls shall be a minimum nominal 4" (100 mm) wide, minimum strength of 5,000 psi (35 Mpa) and reinforced with minimum W4 (MW26) welded wire fabric at 4" (100 mm) on center in both directions, conforming to ASTM A185.

Cast-in-place concrete walls shall be a minimum 6" (150 mm) wide, minimum strength of 3,000 psi (21 Mpa) reinforced with #4 (No. 13 metric) reinforcing bars at 8" (200 mm) on center in one direction. Cast-in-place concrete walls that are less than 6" (150 mm) wide, but no less than 4" (100 mm) wide shall have a minimum strength of 5,000 psi (35 Mpa) reinforced with W4 (MW26) welded wire fabric at 4" (100 mm) on center in both directions.

Steel wall panels shall be 0.093 in. (12 gage) minimum thickness A-60 galvanneal steel conforming to ASTM A 653-CS requirements. All structural or stiffening members shall be 0.058 in. (16 gage) minimum thickness A-60 galvanneal steel conforming to ASTM A 653-LFQ requirements. All structural tubing stall be 0.115 in. (11 gage) minimum thickness steel conforming to ASTM A 653-CS and ASTM A-525, G-90 galvanized requirements.

"Low" security walls shall be constructed using one of the following methods:

Concrete masonry unit walls shall be a minimum nominal 6" (150 mm) wide units. All cells of concrete masonry units shall be fully grouted with 3,000 psi (21 Mpa) grout.

Gypsum wallboard walls (partitions) shall be a minimum 5/8" (16 mm) thick gypsum wall board on galvanized steel mesh panels 0.048" (1.2 mm) thick, 41 lbs/sf (200 kg/m) on each side of minimum 20 gauge metal studs at 16" (400 mm) on center. "High", "medium", and "low" security walls must be constructed continuously from a security floor to a secure ceiling. The secure ceiling may be either a secure roof deck or a cap of secure construction built below the roof deck in high bay areas. The continuity of the secure wall construction must be maintained by tying the wall reinforcing into the secure floor and ceiling construction. When this cannot be accomplished, a continuous #4 (No. 13) reinforcing bar shall be cast no more than 1 ½" (38 mm) from the edge of the concrete unit where it meets other concrete or masonry members.

Roofing / Ceiling Construction*:*
"High" security roof/ceiling construction shall be constructed of the following:

Cast-in-place concrete slabs shall be a minimum of 6" (150 mm) thick, 3,000 psi (21 Mpa) concrete with #4 (No. 13 metric) reinforcing bars at 8" (200 mm) on center in one direction. Cast-in-place concrete

slabs that are less than 6" (150 mm) thick, but no less than 4" (100 mm) thick shall have a minimum strength of 5,000 psi (35 Mpa) reinforced with W4 (MW26) welded wire fabric at 4" (100 mm) on center in both directions.

Composite metal deck shall be a minimum of 4" (100 mm) total depth, 3,000 psi (21 Mpa) concrete, #4 (No. 13 metric) bars 8" (200 mm) on center in one direction. Prestressed concrete tees or hollow core slabs shall have a concrete topping to give adequate cover for #4 (No. 13 metric) bars 8" (200 mm) on center in one direction.

Solid concrete planks shall have #4 (No. 13 metric) reinforcing bars at 8" (200 mm) on center in one direction. No concrete topping is required.

Metal acoustical ceiling panel shall be maximum security double skin metal 0.125" (3.2 mm) thick with perforations.

Metal roof decks shall be a minimum of 12 gauge. No additional reinforcing is required, however the deck must be securely tied to the "high" security walls.

"Medium" security roof/ceiling construction shall be constructed of the following:

Cast-in-place concrete slabs shall be a minimum of 6" (150 mm) thick, 3,000 psi (21 Mpa) concrete with #4 (No. 13 metric) reinforcing bars at 16" (400 mm) on center in one direction. Cast-in-place concrete slabs that are less than 6" (150 mm) thick, but no less than 4" (100 mm) thick shall have a minimum strength of 5,000 psi (35 Mpa) reinforced with W4 (MW26) welded wire fabric at 4" (100 mm) on center in both directions.

Composite metal deck shall be a minimum of 4" (100 mm) total depth, 3,000 psi (21 Mpa) concrete, #4 (No. 13 metric) bars 16" (400 mm) on center in one direction.

Prestressed concrete tees or hollow core slabs shall have a concrete topping to give adequate cover for #4 (No. 13 metric) bars 16" (400 mm) on center in one direction.

Solid concrete planks shall have #4 (No. 13 metric) reinforcing bars at 16" (400 mm) on center in one direction. No concrete topping is required.

Metal acoustical ceiling panel shall be maximum security double skin metal 0.125" (3.2 mm) thick with perforations.

Metal roof decks shall be a minimum of 12 gauge. No additional reinforcing is required, however the deck must be securely tied to the "medium" security walls.

"Low" security roof/ceiling construction shall be constructed of the same level of security as "Medium" security described above.

Reception Areas

Ballistic Transaction Windows: A ballistic transaction window (BTW), with a Level 3 ballistic rating (.44 Magnum) and incorporating a Natural Voice Channel and/or the indicated Level 3-rated center speech device, shall be installed.

The Wall surrounding the BTW will be reinforced with 9-11 gauge steel mesh lathe. Ballistic-rated walls may be considered where appropriate.

The Door leading from the reception area and/or waiting room into the staff area (generally, adjacent to the BTW) will be of solid wood construction and incorporate a keyed lockset. The door will also incorporate hardware which will enable the receptionist to remotely unlock the door by pressing a button at or near the reception desk. It shall also include a door closer and a peephole

Other Office Areas

Conference Rooms: For conference rooms with power, voice, and data located at the center of the room (in the floor), boxes shall be recessed flush with the finished floor surface material.

All conference rooms shall have videa teleconference capability. Each room will require six (6) RJ 11/RJ 45 receptacles. These may be combined in two duplex boxes. However, these must be adjacent to one another and they must be adjacent to one quad electrical outlet. ICE will determine final location during design.

ADP Rooms: The doors of ADP rooms will be secured with a push button (Trilogy) lock.

File Rooms: To control access, the room shall have full height walls and the door will be secured with a lock or access control device.

Furniture: Furniture shall be provided and installed as indicated herein. All desks and credenzas shall be equipped with privacy screens/panels with knock-out grommets for cablling.

Restrooms: Restrooms shall be incorporated within court staff areas, one male and one female minimum. Doors to restrooms located outside court space shall be secured by locking hardware as specified by the EOIR Security Office, and incorporate a key bypass for building management access.

Evacuation Routes: Floor plans and/or maps of evacuation routes for bomb threats, fires and other emergencies shall be strategically posted within office areas.

Safety Systems

Safety systems shall be designed to meet the minimum requirements specified by the Occupational Safety and Health Administration (OSHA), for safe emergency egress. These requirements shall be coordinated with CDF facility security and safety requirements. This system includes the following.

1. Panic release bars installed on all main entrance doors and stairwell doors that sound audible alarm when opened, as per Security Specifications.

2. Electronic door strikes that are used on fire egress doors are designed to fail-safe (unlock) in the event of a power failure or emergency.

3. Fail-safe capability on selected door locks are to work in conjunction with smoke and fire alarms in those instances where emergency egress is restricted without such a configuration.

4. The use of fire certified or safety approved products.

5. APPENDIX

Reference Publications

Acronyms and Abbreviations

ICE Structured Cable Plant Standard, Version 5.1

Reference Publications

REFERENCE DOCUMENTS

The Offeror (Contractor) will conform their facility design to the following standards, at a minimum, plus any additional applicable standards that may be pertinent to the location where the facility is intended to be built. The Offeror will be solely responsible for complying with these standards and code requirements. Failure of ICE to identify particular construction code standards that are pertinent to a particular site will not relieve the Offeror of the responsibility of meeting those criteria.

American Correctional Association (ACA)

Standards for Adult Local Detention Facilities
3rd Addition

American Correctional Association (2002 Standards Supplement)

International Building Code, 2003

National Fire Protection Association

Life Safety Code 101, current edition

U.S. Department of Justice
Immigration and Naturalization Service (Legacy)
Service Processing Center Design Guide

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

National Commission on Correctional Healthcare (NCCHC)

Occupation, Safety and Health Association (OSHA)

ICE Detention Standards

USICE Structured Cable Plant Standard

ANSI/TIA/EIA - 526-14, Optical Power Loss Measurement of Installed Multimode Fiber Cable Plant - OFSTP-14

ANSI/TIA/EIA - 568-B.1, Commercial Building Telecommunications Cabling Standard Part 1: General Requirements

ANSI/TIA/EIA - 568-B.2, Commercial Building Telecommunications Cabling Standard Part 2: Balanced Twisted-Pair Cabling Components

ANSI/TIA/EIA - 568-B.3, Commercial Telecommunications Cabling Standard Part 3: Optical Fiber Cabling Components

ANSI/TIA/EIA - 568-A, Commercial Building Standard for Telecommunications Pathways and Space

ANSI/TIA/EIA - 598, Optical Fiber Cable Color Coding

ANSI/TIA/EIA - 606-A, Administration Standard for Telecommunications Infrastructure of Commercial Building

ANSI/TIA/EIA - 607, Commercial Building Grounding and Bonding Requirements for Telecommunications

ANSI/TIA/EIA - 758, Customer-Owned Outside Plant Telecommunications Cabling Standard

RELATED DOCUMENTS

Uniform Federal Accessibility Standards, 1988

Americans with Disabilities Act (ADA), Title III

American Society for Testing and Materials, current standards

Underwriters Laboratories, Inc.

American National Standards Institute, Inc.

National Association of Architectural Metal Manufacturers

Hollow Metal Manufacturers Association, Standard 863-96

H.P. White Laboratory, Inc. HPW-TP-0500.02

WMFL Physical Attack Test

ACRONYMS AND ABBREVIATIONS

ACA	American Correctional Association
ADA	Americans with Disabilities Act
AHSA	Assistant Health Services Administrator
BOP	Bureau of Prisons
BP	blood pressure
BI	built-in
CCTV	closed circuit television
CD	Clinical Director
CDF	Contract Detention Facility
IBC	International Building Code
CBP	Customs and Border Protection
DHS	U.S. Department of Homeland Security
DRO	Detention and Removal Office
EOIR	Executive Office of Immigration Review
F	furniture
Fab.	Fabricators
FDA	U.S. Food and Drug Administration
Flr.	floor
GFI	ground fault interrupter
GSF	Gross Square Feet
HCP	Health Carre Program
H.M.	hollow metal
HS	Health Services
HSA	Health Services Administrator
Ht.	height
HVAC	heating, ventilating and air conditioning
ICE	Bureau of Immigration and Customs Enforcement
IGSA	Inter-governmental service agreements
INS	(Legacy) Bureau of Immigration and Naturalization Services
DIHS	Division of Immigration Health Services
DHHS	U.S. Department of Health and Human Services
HRSA	Health Resources Services Administration
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LAN	local area network
Lav.	lavatory
LVN	Licensed Vocational Nurse
qt.	quart
manuf.	manufacturer
ME	medical Equipment
MRT	Medical Records Technician
NCCHC	National Commission on Correctional Health Care
NFPA	National Fire Protection Association
NP/PA	Nurse Practitioner/Physicians Assistant
NSF	Net Square Feet
OSHA	Occupation, Safety and Health Association
OTC	over-the-counter medications
P	primary
PA	public address system
PDT	Project Development Team
PI	performance improvement
pk	package
S	secondary
SHU	Secured Housing Unit
SPC	Service Processing Center
SSU	Short Stay Unit
TB	tuberculosis
RHIA	Registered Health Information Administrator
RN	Registered Nurse
TBD	to be determined
USF	Usable Square Feet
USPHS	United States Public Health Service
VCT	vinyl composition tile
w/	with
Wt.	weight

ICE Structured Cable Plant Standard

U.S. Immigration and Customs Enforcement

Structured Cable Plant Standard

Version 5.1

Office of Chief Information Officer

IT Service Delivery

Deployment Services Branch

CONTENTS

1.0 INTRODUCTION....1
1.1 Purpose....1
1.2 Background....1
1.3 Scope....1
1.3.1 System....1
1.3.2 Documentation....2

2.0 NETWORK CABLE PLANT OBJECTIVES....2

3.0 STRUCTURED CABLE PLANT DESIGN....2
3.1 Structured Cable Plant Approach....3
3.2 Horizontal Workstation Cabling....3
3.3 Workstation Outlets....6
3.4 Backbone Cabling....8

4.0 SPECIFICATIONS....10
4.1 Horizontal Cables....10
4.2 Information Management Outlets....10
4.3 Backbone Cabling....11
4.3.1 Intra-Building Fiber Optics....11
4.3.2 Inter-Building Fiber Optics....12
4.4 Patch Cables (Workstation and Patch Panel)....12
4.5 Patch Panels....12
4.6 Equipment Racks....13
4.7 Cabinets and Swing Gates....13

5.0 COPPER CABLE INSTALLATION SPECIFICATIONS....14
5.1 Horizontal Cables....14
5.2 Patch Cables (Workstation)....15
5.3 Patch Cables (Panel)....15
5.4 Copper Cable Termination....16

6.0 INSTALLATION OF OPTICAL FIBER CABLES AND CONNECTORS....17
6.1 Fiber Horizontal Workstation Cable....17
6.2 Backbone Fiber Cable....17
6.3 Optical Fiber Cable Jacket....17
6.4 Optical Fiber Connector....17
6.5 Optical Fiber Cable Termination....18

7.0 FACEPLATE CONFIGURATION....18

8.0 PATCH PANELS....18
8.1 Copper Patch Panels....18
8.2 Fiber Optic Patch Panels....19

9.0 EQUIPMENT RACK....19

10.0 GROUNDING....23

11.0 CABLE LADDERS AND FASTENERS 24

12.0 ADMINISTRATION AND LABELING CONVENTIONS 24

12.1 Building Designation 24
12.1.1 Floor 24
12.1.2 Wiring Closets 24
12.1.3 Cable Numbers 25
12.2 Information Management Outlet 25
12.3 Intra and Inter-Building Backbone Cables 25
12.4 Patch Panel Patch Cables 26

13.0 TEST AND DOCUMENTATION PROCEDURES 26

13.1 Testing of Installed Copper Cable 26
13.2 Testing of Optical Fiber Cables 27

14.0 BUILDING PATHWAYS, CONDUIT, AND CLOSETS 28

14.1 Closet Specifications (MDF and RWC) 28
14.1.1 General Requirements 28
14.1.2 Environmental 28
14.1.3 Construction 29
14.2 Conduits 30

15.0 DOCUMENTATION 30

15.1 Letter of Certification 31
15.2 Implementation Report 31
15.3 Detailed Materials List 31
15.4 Cable Plant Test Certification Letter 32
15.5 Copper Cable Test Results 32
15.6 Fiber-optic backbone Cable Test Results 32
15.7 As-Built Site Drawings 32

ATTACHMENT A—GLOSSARY

ATTACHMENT B—SAMPLE LETTER OF CERTIFICATION

ATTACHMENT C—SAMPLE CONTRACTOR INFORMATION FORM

ATTACHMENT D—SAMPLE IMPLEMENTATION REPORT

ATTACHMENT E—SAMPLE DETAILED MATERIALS LIST

ATTACHMENT F—SAMPLE CABLE TEST CERTIFICATION LETTER

EXHIBITS

Exhibit 1: Typical Office Cable Planning....4
Exhibit 2: Workstation (IMO) Faceplates without Optical Fiber Cables, Single Gang....6
Exhibit 3: Workstation (IMO) Faceplates without Optical Fiber Cables, Double Gang....7
Exhibit 4: Workstation Faceplate with Optical Fiber Cables....7
Exhibit 5: Backbone Fiber Distribution....9
Exhibit 6: 5e Cable Specifications....10
Exhibit 7: Typical Rack/Cabinet Enclosures....14
Exhibit 8: T568A Pair/Pin Assignments....16
Exhibit 9: Consolidated Closet, Voice and Data....20
Exhibit 10: Single Rack, Data Only (Voice and Data Not Consolidated)....21
Exhibit 11: Consolidated Closet, Voice and Data; Share Single Rack (less than 72 locations)..22
Exhibit 12: Multimode Fiber Cable Specifications....27
Exhibit 13: Single Mode Fiber Cable Specifications....27

1.0 INTRODUCTION

1.1 Purpose

This document has been prepared for the Immigration and Customs Enforcement (ICE) with the specific purpose of setting standards for structured cable plants in support of Local Area Network (LAN) and voice connectivity that will function as follows:

- Accommodate the functional requirements of present and future information services.
- Support a multi-product and multi-vendor environment.
- Facilitate the planning and installation of cabling systems that will support the diverse communication needs of building occupants.
- Ensure uniformity of structured wiring and hardware infrastructure installations in all ICE facilities.

The primary focus of this document is to define the standards for material, infrastructure, design, installation, and certification with respect to structured cabling systems for ICE facilities. This document shall replace, modify, or otherwise supercede previous releases of these standards. For questions or comments regarding this document, contact the ICE Deployment Services Branch (DSB) Installation Manager at (202) 307-5723.

An electronic version of this document resides in the ICE Intranet Enterprise Library, available on the Office of Chief Information Officer (OCIO) Web site.

1.2 Background

Immigration and Customs Enforcement (ICE) is a component of the U.S. Department of Homeland Security (DHS). ICE brings a unified and coordinated focus to the enforcement of federal immigration laws, customs laws, and air security laws. ICE brings to bear all of the considerable resources and authorities invested in it to fulfill its primary mission: to detect vulnerabilities and prevent violations that threaten national security.

Because of increasing demands on Service resources, ICE personnel must be able to share information rapidly and efficiently in order to succeed in fulfilling the Service mission.

In addition to this document, which establishes the cabling standards for ICE, other documents are being developed that provide additional related information such as:

- ICE LAN standards.
- ICE Wide Area Network (WAN) standards.
- Voice Communications standards.

1.3 Scope

1.3.1 System

Typical structured cabling systems include the following elements:

- Horizontal cable.

- Horizontal cross-connects.
- Transition point (optional).
- Main cross-connect (MC).
- Intermediate cross-connect.
- Backbone cabling, intra and inter.
- Workstation locations or information management outlets (IMO).
- Remote wiring closet (RWC).
- Main distribution frame (MDF).
- Entrance facility (EF).
- Grounding
- Administration

1.3.2 Documentation

This document is intended to address the following specifications and installation practices related to structured cable plant installation:

- Recognized media.
- Closet requirements, environmental and design.
- Distribution cabling.
- Cabling specifications and limits.
- Installation practices.
- Performance testing.
- Supporting documentation.

2.0 NETWORK CABLE PLANT OBJECTIVES

The objective of this network approach is to provide ICE with a standardized, cost-effective cable plant infrastructure that will accommodate present and future voice, video, and data requirements. Workstation cabling infrastructure shall support bandwidth demands from 10 Megabits per second (Mbps) to Gigabit speeds. Backbone cable infrastructure shall support bandwidth demands from Gigabit speeds and beyond. The installation of the cable plant infrastructure shall comply with local codes, as well as, industry and Federal standards.

3.0 STRUCTURED CABLE PLANT DESIGN

The network cable plant shall utilize the following cable distribution methods to support connectivity throughout the building:

- Horizontal workstation cabling, which will connect the user workstation, or information management outlet (IMO) to the nearest Remote Wiring Closet (RWC).

- Where appropriate, Intra and Inter-building copper backbone cable, which provides connectivity between wiring centers and the MDF.
- Work zone distribution cabling for open office space.
- Fiber optic intra and inter-building backbone cable, which also provides connectivity between wiring centers and the MDF.

3.1 Structured Cable Plant Approach

This section will describe the approach to structured cabling, identify and describe the various cable types, and provide detailed cable specifications for cable plant installation. These are minimum specifications for new cable plant installations or major renovations. These specifications follow the American National Standards Institute (ANSI)/Telecommunications Industries Association (TIA)/Electronic Industries Association (EIA) recommendations, and in addition, provide specific guidelines unique to ICE. Detailed cable plant material specifications and overall minimum characteristics are provided in Section 4.

3.2 Horizontal Workstation Cabling

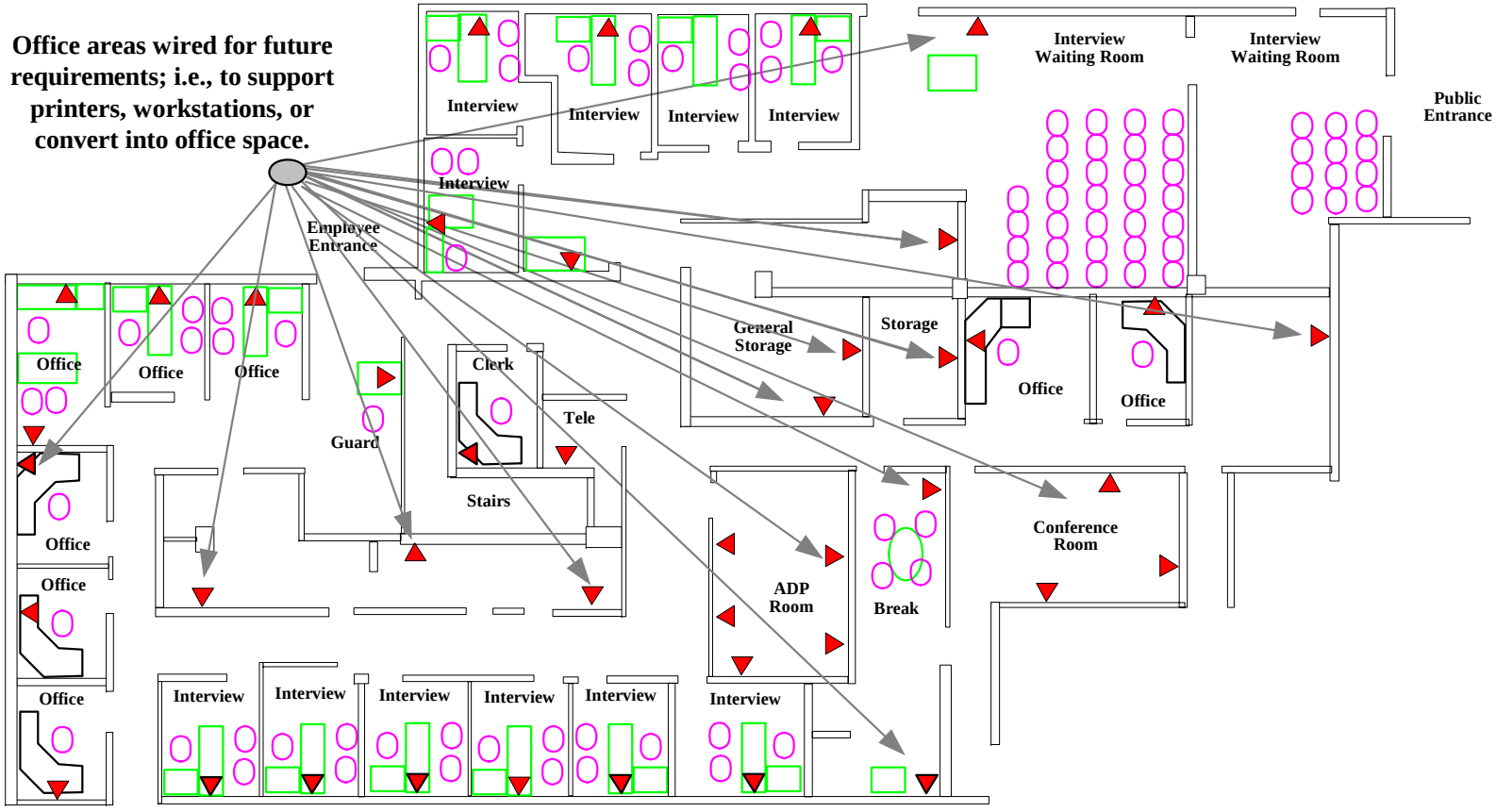
All end-user workstation locations, whether occupied or vacant, shall be cabled to the nearest wiring center. Also, storage rooms, conference rooms and similar space not designated as offices shall be cabled to allow for office expansion, as shown in Exhibit 1.

In general, each RWC equipment rack shall be capable of supporting a maximum of 288 data cables. A second rack is required to support up to 288 voice cables, providing a consolidated voice and data closet. The combined racks provide ample space for a total combined 144 workstation locations (voice and data). In smaller installations, typically less than 72 workstation locations, a single equipment rack will suffice for both voice and data termination.

To comply with ANSI/TIA/EIA-568-B.1 specification distance limits, the cable run from any user workstation location to the nearest wiring center shall not exceed 100 meters (328 feet). The actual length of a cable run is defined as the total combined length of the station cord, workstation cable, and patch-panel cable. When planning or designing office space the communications closets should be located within 90 meters of any workstation outlet. This design approach allows the addition of patch cables and workstation cords to connect devices, without exceeding the ANSI/TIA/EIA-568-B.1 specification distance limits.

In a building not exceeding two stories, horizontal workstation cabling may be installed to a single point, such as a computer room, wiring center, or the MDF. This scenario may be used in place of a creating a RWC, thus eliminating any need for backbone cabling systems. This installation method should be utilized when cost is a constraint and the length of the cable run does not exceed the specified distance limits.

Exhibit 1: Typical Office Cable Planning



▲ **One outlet, includes 3 or 4 cables each, all CAT5e, one or two voice, two data; configured per TIA/EIA 568A.**

Each user workstation location shall be cabled with two 4-pair, unshielded twisted pair (UTP), Category (CAT) 5e copper cables for data transmission, that will be labeled as "Data A" and "Data B." The cable shall have a fire-retardant, plenum rated jacket.

Each workstation cable that is routed through a suspended ceiling area shall be secured in a manner that will keep all cable plant off of any suspended ceiling tiles, sprinkler systems, ceiling suspension hangers, and adhere to local and Federal building codes. Cable plant installed in plenum environments should provide enough slack to facilitate minor construction modifications, or cable re-locations, without the need to install new cable altogether. This installation approach normally requires approximately 20 feet of cable slack, secured in an appropriate manner, to ensure cable is minimized from radio frequency interference (RFI) and electro-magnetic interference (EMI) sources. However, installed cable shall at no time exceed the overall specifications for total lobe length of 100 meters in accordance with the ANSI/TIA/EIA standards. If required, an independent suspension system shall be installed for the cable plant, to keep the cables off of and away from the existing ceiling grid and fixtures.

If the building being cabled is a new installation, cable installation shall include voice wiring in addition to data. The workstation location shall be cabled with a minimum of one 4-pair, UTP, CAT 5e cable for voice or modem/fax services. It is recommended that two voice cables be installed rather than a single voice cable; however, budget and overall technical requirements will determine the need on a case-by-case basis. For planning and budgeting, two voice cables should be used in the design phase. Voice cable(s) shall be labeled "Voice A" or "Voice A" and "Voice B" while adhering to the labeling conventions as described in Section 12.

When routed above a suspended ceiling, horizontal cables should be routed down the inside of walls ("fished") wherever possible to ensure no exposed cable is visible. If walls cannot be fished, surface mounted (external) raceway may be used to route the cable from the ceiling to the information outlet and installed in a surface-mounted outlet box. All attempts should be made to ensure no horizontal cable is exposed within the building area, providing a neat, professional installation. Horizontal cables shall never be exposed to outdoor elements without being protected in proper conduit/raceway systems and have proper lightning and bonding protection installed.

Optical fiber cable can also be used for horizontal workstation connectivity when the following conditions exist:

- Distance requirements exceed the 100 meter cable-length specification.
- Known high bandwidth/security requirements that exceed copper cable limitations and business case supports the installation.
- Space inside or outside of the walls to support the minimum fiber cable bend radius.
- Severe EMI or RFI in the copper cable plant.
- Adequate funding.
- Proposed fiber optic to the desktop is approved by the DSB.

If optical fiber cables are used for workstation connectivity, each workstation location shall be cabled with a armored 4-strand, 62.5/125 micrometer (μm), graded index, multi-mode optical

fiber cable with proper coating to meet local fire and building codes, whereas plenum is recommended. The cable shall be labeled as described in Section 12 of this document.

3.3 Workstation Outlets

Each workstation area shall use a standard IMO (faceplate) that can support a minimum of three dual-connection interfaces (remote jack RJ-45, ST, SC, or MTRJ connectors). Regardless of the installation contractor, all voice and data cable shall utilize a singe Information Outlet. Information outlets must be capable of future growth without the need to replace the entire Information Outlet. Information outlets can be either single gang or dual gang standard size; sizing will be determined by number of cables being installed. The data cables shall be installed on two RJ-45 jacks.

Exhibit 2: Workstation (IMO) Faceplates without Optical Fiber Cables, Single Gang

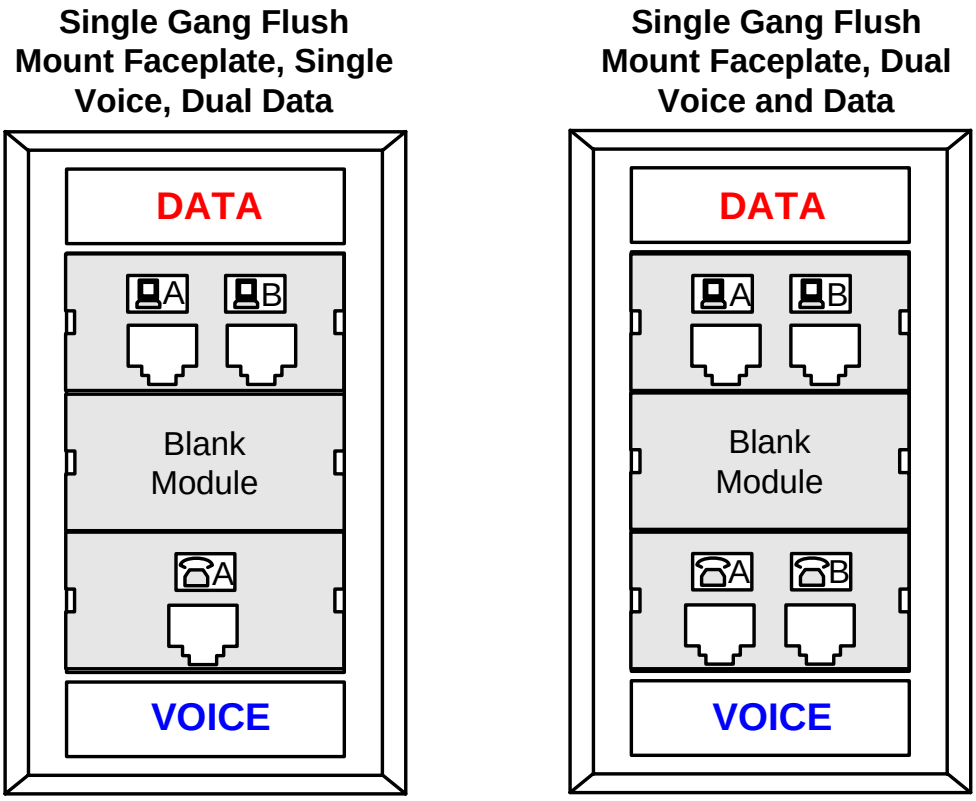
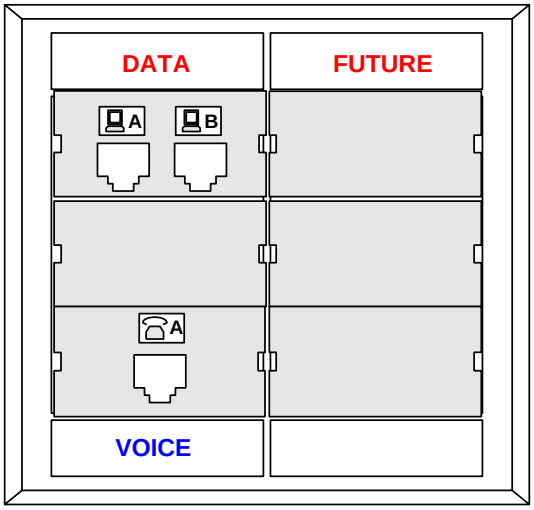
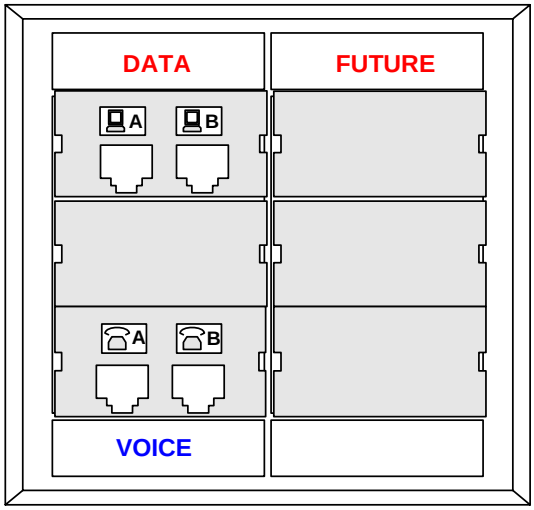


Exhibit 3: Workstation (IMO) Faceplates without Optical Fiber Cables, Double Gang

Double Gang Flush Mount Faceplate
Single Voice, dual data



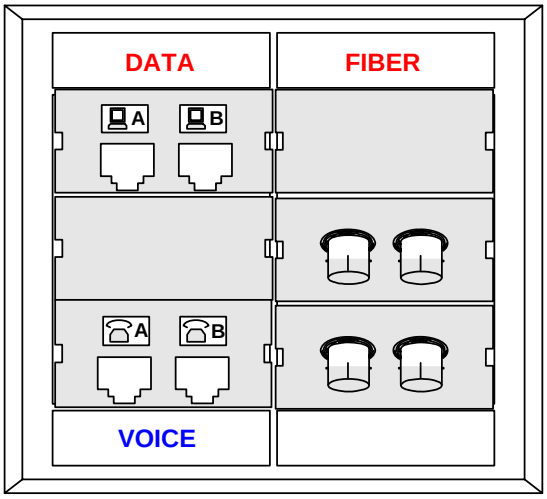
Double Gang Flush Mount Faceplate
Dual Voice, dual data



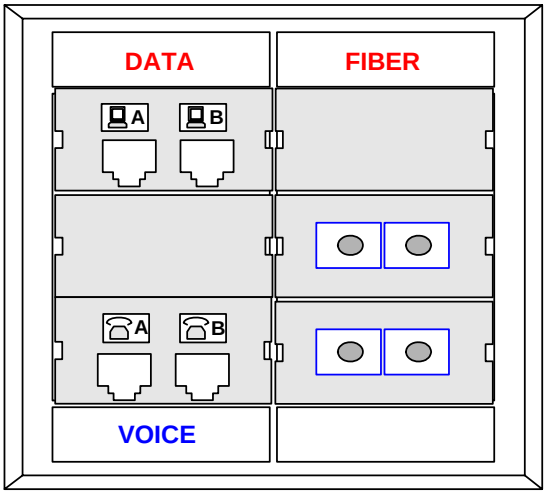
Where fiber-optic cable is installed to the desktop, the corresponding IMO faceplate shall provide space to install at least four RJ-45 jacks and at least two ST, SC, or MTRJ optical fiber connectors (see Exhibit 4).

Exhibit 4: Workstation Faceplate with Optical Fiber Cables

Double Gang Flush Mount Faceplate
Fiber Optic ST connectors



Double Gang Flush Mount Faceplate
Fiber Optic SC connectors



3.4 Backbone Cabling

Intra and Inter-backbone cabling may consist of either or both copper and optical fiber cables and are required where there exists more than one wire center. The intra and inter-backbone shall be installed to provide structured connectivity between closets (see Exhibit 5). The installation provides a star-topology cable infrastructure that is capable of supporting high-speed and high bandwidth requirements between key resources in an enterprise building or campus environment.

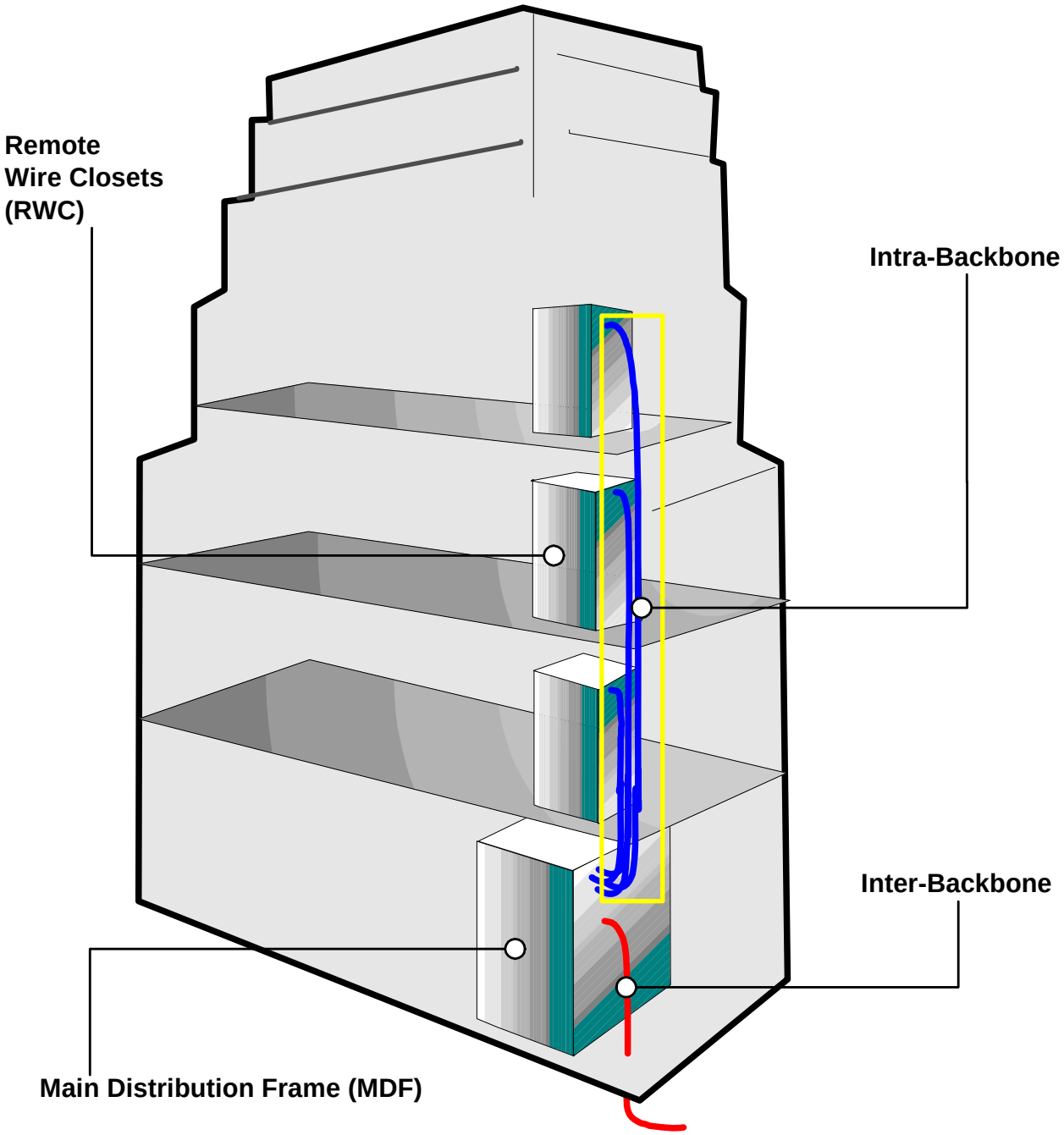
A multi-mode, single mode, or combination of fiber-optic backbone structure provides the means of interconnecting all wiring closets to the MDF in a multi-segmented environment. Optical fiber not only provides extensive bandwidth capabilities to the LAN and voice, but it also provides a solution to the distance-related problems encountered with copper cables in large installations and campus environments.

Copper backbone cabling is required to support voice services, however, the specifications and designs are determined on a site-by-site basis. This is due to the variety, funding, capacity and availability of voice services and designs. Copper backbone may also be installed to support networking services, where distance limitations do not exceed the ANSI/TIA/EIA-568-B.1 specifications. Copper backbone cabling provides a redundant connectivity option in the event of a catastrophic fiber failure, and shall be installed where voice and data closets are physically separated.

Each remote wiring closet shall be connected to the MDF with a multi-strand, optical fiber backbone cable that runs directly from the wiring center to the MDF. All strands will be terminated with ST, SC, or MTRJ-style connectors in accordance with the ANSI/TIA/EIA standards in rack-mounted patch panels. A minimum twelve-strand fiber shall be installed in any facility providing connectivity between communications closets. It is estimated that 12 strands of multi-mode fiber will meet most of the intra and inter backbone connectivity needs currently deployed and planned for ICE facilities. Considering the myriad of site functions, building designs, physical layout, application requirements and future technologies, backbone design is a critical element in the planning stages. To ensure facilities are properly engineered with respect to backbone fiber types and counts, DSB will provide engineering design in concert with local Automated Data Processing (ADP) support personnel and facilities architects. This ensures both short-term and long-term requirements are met in a cost-effective manner.

The optical fiber Intra and Inter-backbone cabling shall have one port per strand for cross-connection, and will conform to the specifications in Sections 4 and 6 of this document.

Exhibit 5: Backbone Fiber Distribution



4.0 SPECIFICATIONS

This section provides detailed component characteristics and specifications with respect to the materials used to install the structured cable plant.

4.1 Horizontal Cables

All cable, equipment, and materials shall meet applicable ANSI/TIA/EIA-568-B, National Electrical Code (NEC) 770, Institute of Electrical and Electronics Engineers (IEEE) 802 and Underwriters Laboratory (UL) Verification Program standards. All cable equipment and materials must be manufactured by facilities that are International Organization for Standardization (ISO) 9001 registered and certified.

- Shall be CAT 5e rating in accordance with ANSI/TIA/EIA-568-B.2
- Four-pair, 100-Ohm, 24 American Wire Gage (AWG).
- The cable should have contiguous, 2-foot segment-length markers printed on the cable jacket. The markings must also show the applicable performance CAT 5e, as well as the fire rating of the cable being installed.
- The finished cable shall be 100% plenum rated in accordance with the requirements of NEC Article 800, UL 444, NFPA 262, (UL 910), and applicable Canadian Standards Association (CSA) standards.

Note: CAT 5e cable types must meet or exceed specifications listed in Exhibit 6.

Exhibit 6: 5e Cable Specifications

Specification	Category 5e
Frequency Range	1-100 MHz
Attenuation (maximum)	24 dB
NEXT (minimum)	30.1 dB
PSNEXT (minimum)	27.1 dB
ACR (minimum)	6.1 dB
PSACR (minimum)	3.1 dB
ELFEXT (minimum)	17.4 dB
PSELFEXT (minimum)	14.4 dB
Return Loss (minimum)	10 dB
Propagation Delay (maximum)	548 nanoseconds (ns)
Delay Skew (maximum)	50 ns

4.2 Information Management Outlets

- Provide ANSI/TIA/EIA symbol icons for application identification (LAN, Voice, etc).
- Provide individual label window for cable identification.

- Provides a high-density design.
- Offers solutions for secure environments.
- Must match make and model in existing facilities.
- Meets or exceeds ANSI/TIA/EIA CAT-5e specifications.
- Mounts to standard electrical 2 inch and 4 inch boxes.
- Allows all modules (jacks) to be loaded and accessed from the front. No need to remove faceplate.
- Meets all Federal Communications Commission (FCC) Part 68 specifications.
- Provides standard 110D type insertion displacement connector (IDC) Printed Circuit Board (PCB) mounted connector.
- Is offered in a multitude of colors.
- Provides interchangeability between modules.
- Offers non-keyed RJ-45 style connectors.
- Offers SC, ST or MTRJ interchangeable modular fiber connectors.
- Is available in the ANSI/TIA/EIA-T568A wiring configuration.

4.3 Backbone Cabling

Backbone cabling shall be a minimum of 12-strand multi-mode fiber optic. In limited instances, single mode fiber-optic cable may be used for distances that exceed 500 meters, in accordance with the Institute of Electrical and Electronics Engineers (IEEE) and the Gigabit Ethernet Alliance organizations. The IEEE 802.3z and IEEE 802.3ab published standards apply to gigabit Ethernet and overall specifications.

CAT 5e copper backbone cabling shall meet the same specifications as stated in Section 4.1 (Horizontal Cabling), in addition to the multi-pair construction in increments of 25, 50 and 100 pair complements. Voice copper backbone cabling is not specified in this standards document and shall be determined on a case-by-case basis. Voice copper backbone cables are not subject to the same 100 meter distance limitations as specified for networking backbone cabling which is the CAT 5e cable plant.

4.3.1 Intra-Building Fiber Optics

Specifications for fiber backbone cabling that will interconnect closets within a single building or high-rise environment are defined in this section.

4.3.1.1 Multi-Mode Fiber Optics

- 62.5/125-µm optical fiber plenum (OFNP) or optical fiber riser (OFNR).
- Maximum Attenuation: 3.5/1.0 dB km at 850/1300 nm.
- Minimum Bandwidth: 200/500 MHz km at 850/1300 nm.
- Tight buffered.

- Plenum or riser rated.

4.3.1.2 Single-Mode Fiber Optics

- 8.3/125-µm OFNP or OFNR.
- Maximum Attenuation: 1.0/0.5 dB km at 1310/1550 nm.
- Tight buffered.
- Plenum or riser rated.

4.3.2 Inter-Building Fiber Optics

Specifications for fiber cable that will interconnect remote buildings in a campus environment.

4.3.2.1 Multi-Mode Fiber Optics

- 62.5/125-µm OFN, OFNP, or OFNR.
- Maximum Attenuation: 3.5/1.0 dB km at 850/1300 nm.
- Minimum Bandwidth: 200/500 MHz km at 850/1300 nm.
- Loose Tube.
- Not Rated, Plenum rated, or Riser rated.

4.3.2.2 Single-Mode Fiber Optics

- 8.3/125-µm OFN, OFNP, or OFNR.
- Maximum Attenuation: 1.0/0.5 dB km at 1310/1550 nm.
- Loose Tube.
- Not Rated, Plenum rated, or Riser rated.

4.4 Patch Cables (Workstation and Patch Panel)

- Shall conform to the ANSI/TIA/EIA CAT 5e specifications.
- 4-pair, UTP stranded cable.
- RJ-45 connectors on both ends.
- The patch cables shall be wired in accordance with the ANSI/TIA/EIA-568-B.2 and ANSI/TIA/EIA-568-B.3 specifications.
- Certified by the manufacturer as compliant with the ANSI/TIA/EIA CAT 5e criteria.
- Cables shall be available in a wide variety of colors and lengths.

4.5 Patch Panels

- Shall conform to the ANSI/TIA/EIA CAT 5e specifications.
- The patch panel wiring shall be in compliance with ANSI/TIA/EIA T568A wiring standards.

- Provide back wire management hardware.
- Provide modular design to facilitate field repairs.
- Provides standard 110D type IDC PCB mounted connector.
- Available in low and high density configurations.
- Meet the standard EIA-310 relay rack spacing specifications.
- Provide RJ-45 interface.
- Meets all FCC Part 68 specifications.
- Available in 12, 24, 48, and 96 port capacities.
- Match make and model within existing facilities, where possible.

4.6 Equipment Racks

- Shall conform to the ANSI/TIA/EIA standards.
- Conform to the standard EIA-310 mounting specification.
- Provide pre-tapped 10-32 threading.
- Provide a flexible modular concept.
- Provide vertical wire management.
- Provide floor mounting hardware except for swing gate style hardware.
- Match make and model within existing facilities, where possible.

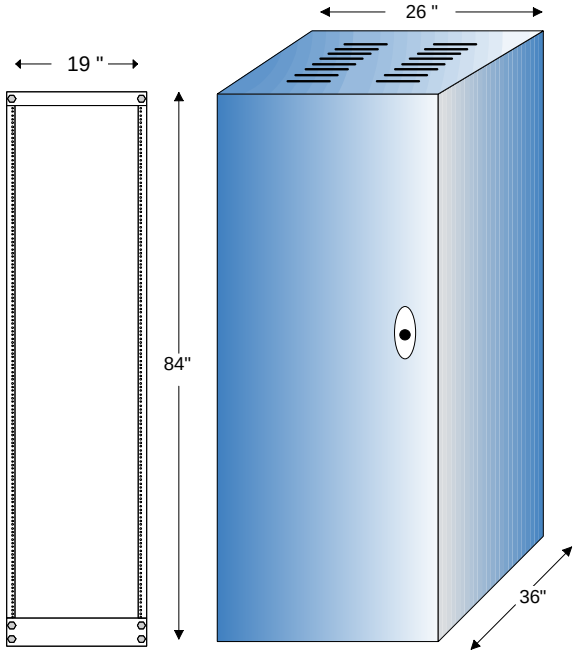
See Exhibit 7 for a typical rack and cabinet structure.

4.7 Cabinets and Swing Gates

- Shall conform to the ANSI/TIA/EIA standards.
- Conform to the standard EIA-310 mounting specification.
- Provide pre-tapped 10-32 threading.
- Provide a flexible modular concept.
- Provide vertical wire management.
- Provide floor mounting hardware except for swing gate style hardware.
- Match make and model within existing facilities, where possible.
- Available in widths up to 26 inches or more.
- Available in depths up to 36 inches or more.
- Allow fan assembly installation.
- Lockable and offer matching key/lock design where multiple cabinets are installed.
- Are of a welded, uni-body construction.

- For areas located within seismic activity, meet Zone 4 earthquake vibration test conditions in accordance with National Electrical Bell Standards (NEBS) document TR-NWT-000063, Issue 4, 1992

Exhibit 7: Typical Rack/Cabinet Enclosures



5.0 COPPER CABLE INSTALLATION SPECIFICATIONS

This section details the specifications that are to be used when installing all copper cabling. All work shall be ANSI/TIA/EIA–568-B, ANSI/TIA/EIA-569-A, ANSI/TIA/EIA-606-A, NEC 770 and IEEE 802 standard specification quality (as applicable).

5.1 Horizontal Cables

These are cables installed from a typical workstation location back to a central point within a building or facility. These cables connect the IMO (jack), back to a central point, the closet. The closet may be the MDF or an RWC. These cables shall be installed in compliance with ANSI/TIA/EIA, building and industry practices. Cables should never be exposed nor create any safety hazards for the public.

All copper cables shall be positioned at a minimum distance of 4 inches from any EMI device (such as a light ballast, electrical motor, or power line). If contact is unavoidable (as in modular furniture), the copper cables shall not run more than 5 feet in parallel with the interference-generating medium. If traversing is necessary, all copper cables shall cross power lines and electrical conduits at a 90-degree angle to minimize interference.

Copper cables installed in a suspended ceiling environment shall at all times be self-suspended in the plenum air space by the use of a separate suspension system or installation in the building

construction frame at the top of the permanent ceiling, if it exists. At no time shall cables be secured to the suspended ceiling grid, water pipes, or electrical conduits.

All cables should be installed as far above the suspended ceiling as possible, and should be bundled together with tie-wraps at intervals no less than 6 feet unless a dedicated cable tray system is available to support the cable. The tie-wraps should not be installed so tight as to "dent" or compress the cable jacket because this could create excessive crosstalk in the cables, causing failure during the testing of the cable to meet CAT 5e specifications.

5.2 Patch Cables (Workstation)

The workstation patch cable connects the end user devices (personal computer, terminals, etc.) to the IMO (jack). For most installations, these patch cables will be provided and left on-site for the deployment team or local ADP to install when setting up workstations and are not included in the overall cable plant certification. The workstation patch cable may be any length as long as the combined length of the workstation patch cable, the horizontal workstation cabling, and the patch-panel cable does not exceed 100 meters (328 feet). These cables are normally pre-constructed, certified and ordered in standard one-foot incremental lengths. If the installation vendor chooses, custom-length, certified station cables can be used.

5.3 Patch Cables (Panel)

The patch-panel cable connects the horizontal cable port to the voice and data electronics within a central wire center or closet, typically a RWC or MDF. These cables are identical to the workstation cables and are pre-constructed and certified by the manufacturer. It is the cable installer's responsibility for patching all active cable locations into active ports, unless otherwise directed by the ICE manager or designated representative. These cables are pre-certified by the manufacturer; therefore, it is unnecessary to include them in the cable plant certification. Wire management and organization is important to facilitate troubleshooting, repair, and documentation and, as such, there are key elements to ensure patch cords are properly installed. The following requirements shall be followed for patching workstation ports to electronics:

- The patch-panel cable may be any length, provided that the combined length of the workstation patch cable, the horizontal workstation cabling, and the patch-panel cable does not exceed 100 meters (328 feet).
- If the installation vendor chooses, custom-length, certified station cables can be used.
- Patch cables must be labeled and matching on both ends, in a standard one-up numeric convention. An example would be a closet that has 100 active workstations, thus 100 patch cables are installed, one for each active node, starting with cable identification (ID) number one and ending with ID number 100. Any support personnel would be able to view the station patch panel and electronics equipment to determine which specific port a particular station is connected.
- Patch cable numbering shall be affixed to both ends of each patch cord approximately one inch from the terminator or mod plug.
- Label IDs must be legible and produced with indelible ink. The preferred method is a printed label. Installers must avoid the use of materials that will distract from the appearance of the installation, or any temporary marking.

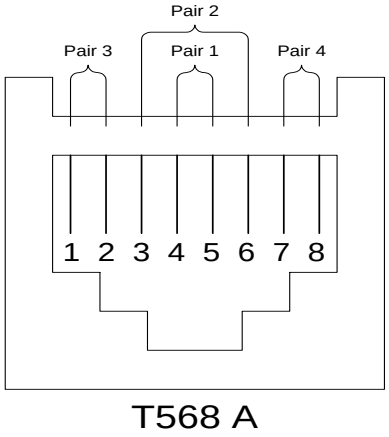
- Ensure patch cables are installed in a manner that does not require support personnel to "tug" or "trace" cables in order to determine the active port.
- Cables must be dressed utilizing available horizontal and vertical wire management.
- Patch cables should provide a neat and organized appearance, eliminating large bundles of cables in single locations, preventing tangles and using incorrect, or oversized cables that produce excess slack.
- Cables shall never exceed the minimum bend radius or have kinks or nicks in accordance with the ANSI/TIA/EIA specifications.
- Cables should utilize left and right vertical wire management to reduce cable patch congestion produce and even cable distribution within a given cabinet.
- Patch cables shall never create a trip hazard or other risk to equipment, services or personnel.

5.4 Copper Cable Termination

This section applies to both the workstation and closet cable termination practices. All copper cable terminations shall conform to ANSI/TIA/EIA-568-B standards. The key areas and specifications are highlighted below:

- Pair twists shall be maintained as close as possible to the point of termination. Untwisting shall not exceed 13mm (0.5 in.) for CAT 5e links.
- Strip back only as much jacket as is required to terminate individual pairs.
- All connecting hardware shall be installed to provide well-organized cable management in accordance with manufacturer's guidelines.
- All four pairs must be terminated.
- Pin/Pair assignments shall follow the T568A configuration (see Exhibit 8).

Exhibit 8: T568A Pair/Pin Assignments



6.0 INSTALLATION OF OPTICAL FIBER CABLES AND CONNECTORS

This section provides the specifications to be used when installing all optical fiber cabling.

6.1 Fiber Horizontal Workstation Cable

The fiber horizontal workstation cable connects the workstation to the wiring center. This cable shall be four-strand, multi-mode, 62.5/125 μm, optical fiber cable with graded index 250 or 900 μm buffer. Contiguous, 2-foot, segment-length markers shall be printed on the cable jacket.

The bend radius of any optical fiber cable installed shall be at least eight times the outside diameter of the cable. For example, a six-strand optical cable with an outside diameter of .30 inches and shall have a minimum bend radius of 2.40 inches.

Pulling tension for optical fiber cables must adhere to and not exceed manufacturer specifications.

6.2 Backbone Fiber Cable

The optical fiber home-run backbone cable shall connect each remote wiring closet to the MDF. This cable shall be 12-, or 24-, or more strand, multi-mode, 62.5/125 μm, optical fiber cable with graded index, 250 or 900 μm buffer, and contiguous, 2-feet, segment-length markers printed on the cable jacket. All Intra and Inter-backbone fiber cables shall be installed in conduit or plenum-rated inner-duct.

Fiber-optic cable shall not share conduits with copper medium unless separation between copper and fiber is maintained. For large campus or complex backbone fiber installations where multiple conduits or pathways exist, fiber-optic cable shall be separated from the copper cable installation, wherein fiber-optic cable is dedicated to one conduit, copper to another. In retrofit or existing buildings, where pathways are insufficient to maintain separation between copper and fiber, ICE DSB shall review and approve the design prior to installation.

6.3 Optical Fiber Cable Jacket

All overhead or above-ceiling installations shall use optical fiber cable with a plenum-graded jacket that is marked with a UL rating of “OFNP” or equivalent. All non-air-return (non-plenum) installations can use optical fiber cable with either a plenum or non-plenum jacket (such as PVC) that is marked with a UL rating of “OFNR” or equivalent.

6.4 Optical Fiber Connector

The optical fiber connector for workstation or backbone connections shall follow the ANSI/TIA/EIA standards for installation. ICE is reviewing the MTRJ as an acceptable connector, but the use of this style will be determined on a case-by-case basis.

New buildings shall use SC or MTRJ type connectors for workstation and/or backbone installation.

In retrofit buildings, fiber connectors should match the existing installed connectors.

6.5 Optical Fiber Cable Termination

All optical fiber cables shall be light tested prior to installation. This is typically done while the cable is still on spools or reels and only ensures all strands pass light prior to pulling cable into conduits and pathways.

The minimum termination shall be four strands for a horizontal cable. When installing fiber-optic backbone cabling, all strands will be terminated with the appropriate connectors and capped with a dust boot. All strands shall be terminated and tested.

All optical fiber cables shall have a twenty foot storage coil (wrapped in an appropriately sized loop for the minimum bend radius of the cable) positioned at each end, where possible before being terminated with connectors. All intermediate slack in the optical fiber cable shall be loosely coiled and suspended to avoid hard bends or kinks.

7.0 FACEPLATE CONFIGURATION

Workstations that are not connected to an optical fiber cable typically utilize a single-gang faceplate that can support up to six connection ports (see Exhibits 2 and 3). When data only is installed in the faceplate, a dual, RJ-45 module shall be installed in the top position. If a dual gang faceplate is used, the dual RJ-45 module shall be installed in the top left position. When voice and data are installed in the same faceplate, the dual RJ-45 information outlet shall conform to the configuration as outlined in Exhibit 2 and 3. Voice shall be installed at the bottom, data at the top positions of all information outlets. Blank inserts shall be installed in all remaining positions.

Workstations that are connected to optical fiber cables shall have a double-gang faceplate and junction box installed that can support up to 12 connection ports (see Exhibit 4).

8.0 PATCH PANELS

Patch panels, both fiber and copper are the approved methods of providing connectivity between horizontal cables, Intra and Inter-backbone copper, fiber backbone, and common network service devices, such as switches, PBX, routers, and other electronics.

Patch panel installation must adhere to manufacturer specifications and installed utilizing all wire management hardware, both front and back. Panels shall be installed to best utilize both vertical and horizontal wire managers, and should be separated by horizontal wire managers. There should be a minimum of one horizontal wire manager for each horizontal patch panel. Panels must be clearly marked as to the outlet designation. Labels must be of permanent indelible typed materials.

8.1 Copper Patch Panels

Each panel will be installed to provide the maximum use of rack space. Each panel will be mounted in an equipment rack that shall conform to the EIA-310 mounting-hole spacing standard.

Separate patch panels will segregate “Data A”, “Data B”, “Voice A”, and “Voice B” cables. The upper patch panel will be used for “Data A” only; the lower patch panel will be used for “Data B” only. In addition, and depending on the number of total cables, voice cables may also share a single standard 7-foot equipment rack, swing gate or cabinet enclosure. Exhibits 9, 10, and 11

shall be used as a model for all new installations, and should be followed as close as possible for major retrofits and renovations with respect to existing cable plant configurations. Deviations to these layout exhibits shall be reviewed and approved by the DSB.

8.2 Fiber Optic Patch Panels

Optical fiber cable patch panels for workstation connections (also called fiber cabinets) shall provide ST, SC, or MTRJ couplers. Optical fiber cable patch panels for backbone cabling (also called fiber cabinets) shall provide SC or MTRJ couplers. The color scheme and the port numbering scheme on the patch panel shall be consistent in any given installation to reduce confusion and to prevent mistakes in making cross-connections. Fiber patch panels shall be installed in standard increments of six-position, ST, SC or MTRJ, loads or interconnect couplers, as required in each wiring closet and MDF.

9.0 EQUIPMENT RACK

There are a multitude of equipment racks and cabinets that are acceptable for use in ICE installations. Wherever possible, separate secure communication closets are recommended and are the preferred method for voice and data installation. In these dedicated communications closets, open racks, cabinets and swing gates may be used to meet the needs of the installation.

When open racks or swing gates are used, they shall be located within the wiring closets, and they shall provide structural support for the patch panels and required electronics. The open rack will be a standard 19 inches wide by 7 feet tall when used in a floor mount configuration. When space considerations mandate, it is acceptable to use an open, wall-mounted equipment rack (swing gate). If a wall mount configuration is used, the rack must be hinged, and space must be provided so that the rack can swing fully open and provide full access to the back of the rack.

All floor or wall-mounted equipment racks, cabinets and swing gates installed in earthquake-prone geographic areas shall be installed in compliance with specific seismic guidelines, regulations and codes. Special attention must be taken to ensure the proper installation techniques are followed to minimize risk to electronics and cable plant, and most importantly prevent the mounting hardware from toppling over during seismic activity.

Equipment shall be mounted on the rack via holes in the frame or by using mounting hardware that conforms to the EIA-310 mounting-hole spacing standard. As an alternative for non-rack devices, equipment may be placed on flat shelves that are attached to the rack. All racks shall be secured either to the floor or wall with bolts or other fasteners that are rated to withstand the recommended weight limits and shear loads for the rack. Each rack shall include all mounting and assembly hardware (such as nuts and bolts) for full configuration use. When multiple racks and/or cabinets are used and they are butted together in the closet, they shall be bolted together for additional stability.

Exhibit 9: Consolidated Closet, Voice and Data

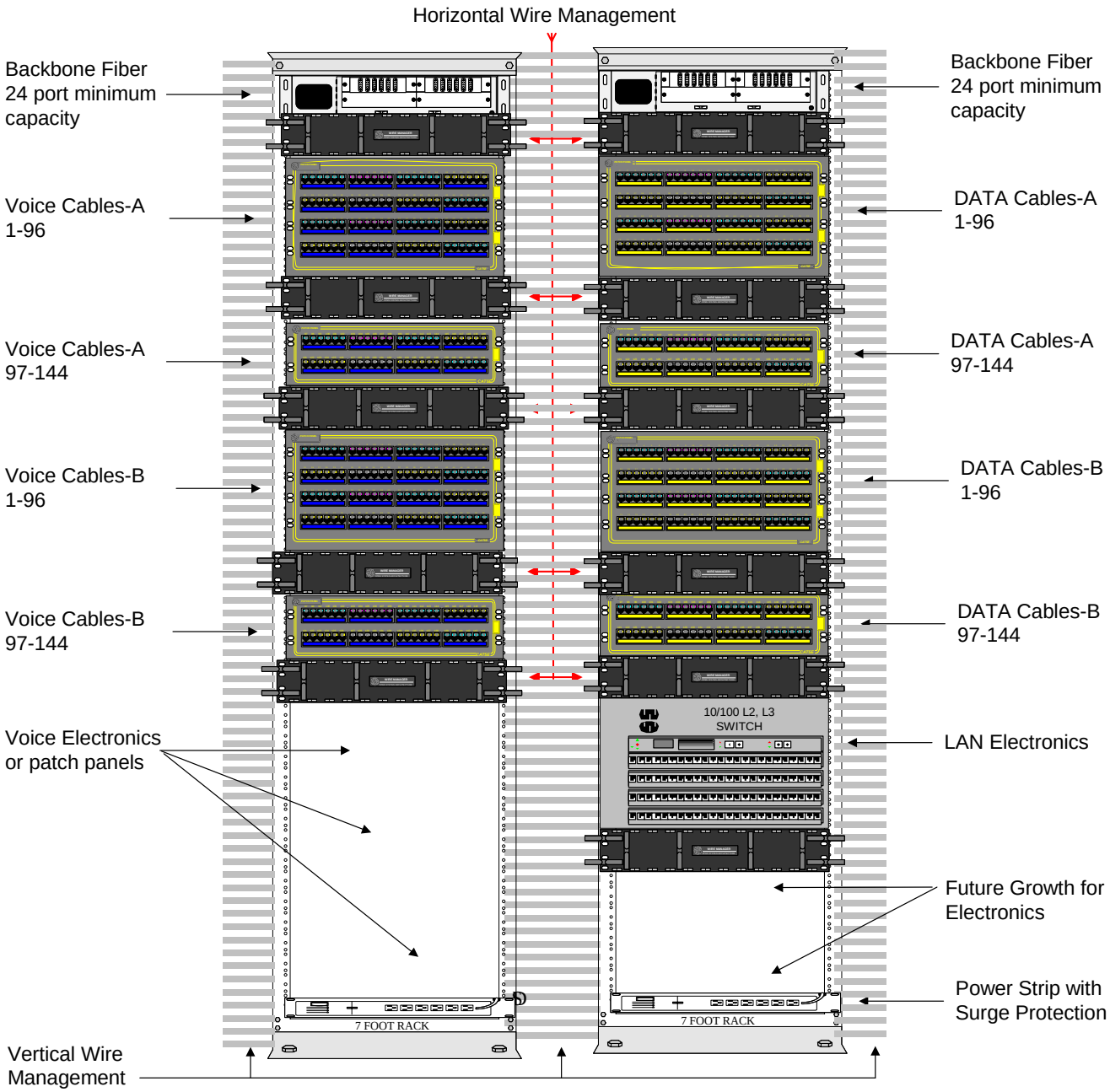


Exhibit 10: Single Rack, Data Only (Voice and Data Not Consolidated)

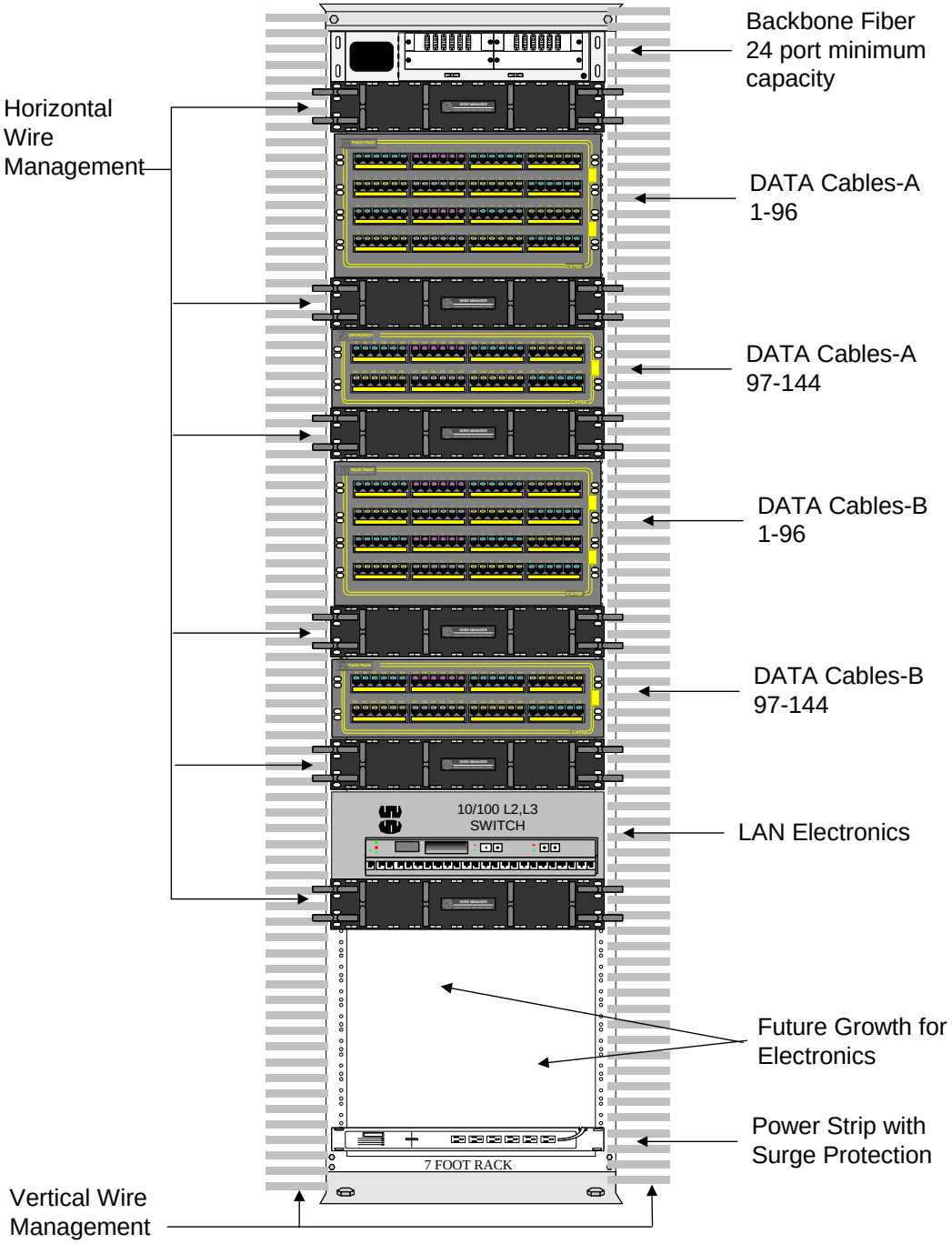
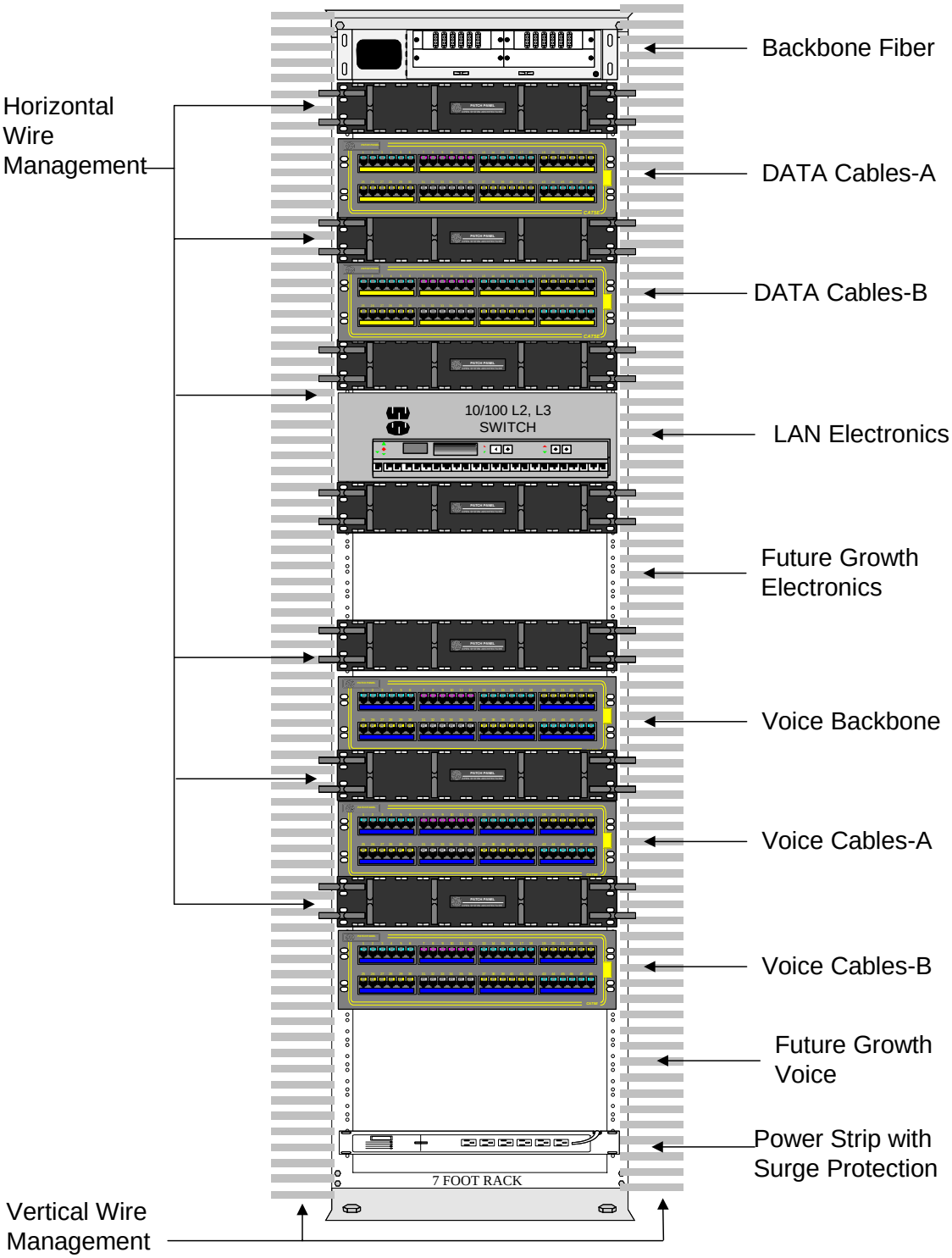


Exhibit 11: Consolidated Closet, Voice and Data; Share Single Rack (less than 72 locations)



Floor mounted racks and cabinets shall have a minimum of 36 inches of clearance in front of, behind, and on at least one side. Where space or room layouts limit the minimum clearances required, the installation contractor shall notify the DSB or designated representative for technical direction.

Equipment layout, specifically with respect to rack, cabinet, and swing gate location are critical design elements that ensure future growth, maintenance and flexibility are protected. Proper clearances also allow installers and maintenance personnel the required room to perform work safely and ensure electronics environmental conditions are maintained.

The patch cables shall run neatly through the wire management panels above the electronics, run down the sides of the rack, run below the electronics, and plug neatly into the respective port. The cables between the patch panels and the electronics shall not be excessively long nor shall they lie on the floor. The patch cables shall be secured and bundled using Velcro securing straps.

Caution: The use of tie-wraps is not acceptable when bundling and securing patch cables on the rack.

A power strip with surge suppression and an on/off switch shall be mounted to the back of the rack to supply at least six outlets for AC power (120-volt, 20-amp service).

10.0 GROUNDING

The NEC provides guidelines to ensure that electrical installations in buildings meet the necessary safety practices to prevent electrical shock hazards to personnel, ensure fault clearance of unintentional electrical breakdowns that could cause fire, and prevent transient voltages from causing electrical damage to installed network components. NEC Article 800 pertains to telecommunications industry and should be consulted for specific guidelines related to this topic. Article 800 also has references to other articles as the need arises.

In all new buildings and major retrofit projects an independent ground bus, installed in each communications closet, shall be provided. The independent ground bus in each closet should be installed by a certified electrician, or properly licensed installer. The independent ground buses are designated for, and utilized exclusively, by the communications equipment. In existing buildings, an independent ground is certainly desirable. In general, all communications systems, cable plant devices, equipment, and components shall be properly grounded and bonded.

All grounding shall be performed to meet the following published standards and guidelines:

- ANSI/TIA/EIA 607
- ANSI/IEEE C-142
- Federal Information Processing Standard (FIPS) 94
- NEC Articles 250 and 800
- UL
- ANSI CI-1978

All equipment racks, cabinets and systems must be properly connected to the independent ground bus per the ANSI/TIA/EIA 607 specifications. It is the responsibility of the cable

installer to connect all common closet equipment racks and cabinets to the provided ground bus. It is also the responsibility of the cable installers to report to the ICE Program Manager any discrepancies with respect to improper or omitted grounding systems.

For connecting equipment within the telecommunications/data wiring closets to the ground bus, a number six wire with green insulation should be used. This ground wire should be no longer than 30 feet.

All ground wire should be routed straight, with sweeping bends, neat, and orderly. Ground wire should be routed in the most direct fashion possible to the equipment. Ground wires should be supported by tie-wraps at 12-inch intervals.

The manufacturer instructions and recommendations shall be followed when grounding the electronic equipment installed in the telecommunications/data wiring closets.

11.0 CABLE LADDERS AND FASTENERS

All cables installed in overhead spaces (such as above ceiling panels) shall be securely strapped to ceiling slab fasteners or cable ladders that are fastened to the ceiling slab to avoid contact with lighting equipment or drop ceiling supports. Wire management channels or cable ladders shall be used to provide orderly arrangement of all installed cables in and around the equipment racks.

As a general rule, all cables shall be securely suspended, fastened, tied, and bundled firmly (without damaging the cable jackets or creating kinks in the cable) to minimize the amount of space required for cabling.

12.0 ADMINISTRATION AND LABELING CONVENTIONS

Label conventions shall apply to all sites, regardless of the number of buildings at the site. This section describes the ICE standard labeling convention for all cable installations, whether new or retrofit.

12.1 Building Designation

The designation for the building shall be a two to four character alphanumeric scheme. Buildings typically have unique names/numbers, whether in multi-story complexes or in campus environments. The first designation should represent the unique building the cable plant is wired within. This nomenclature will rarely change throughout the life of the building and allows a structured naming convention to be used for Inter-building backbone cable installations.

12.1.1 Floor

The designation for the floor shall be a two-digit number. If the floor is a single number such as "4," place a leading zero before the single-digit, for example "04."

12.1.2 Wiring Closets

The designation for a wiring center is a single letter. The Computer Room or MDF shall always have the wiring closet designation of "M." Remote wiring closets that are all located on the same floor shall be labeled A-L and N-Z ("M" is reserved for the MDF). Closets that stack directly on top of each other shall have the same letter designation.

12.1.3 Cable Numbers

The designation for the cable shall be a three-digit number, followed by an "A" or "B" designation, indicating the "Data A" or "Data B" cable drop. Use leading zeros as necessary. For example, the designation for drop #3A would become 003A.

12.2 Information Management Outlet

The IMO is the interface for the workstation cable and the horizontal workstation cable, which terminates in a wiring closet. This is typically referred to as the "jack" in the industry, also an enhancement to the Bell Labs Universal Service Order Code (USOC) specifications. These specifications also referenced the RJ pin assignments. The ANSI/TIA/EIA now prefers to use the term 8-pin modular plug or connector when describing jack pin-outs. Each information outlet should be labeled according to the following guidelines:

The designations on single-gang and double-gang faceplates will be as follows:

- Building (AANN, or combination).
- Floor (NN, with a leading zero).
- Wiring center (A).
- Cable drop (NNN, with leading zeros).

For example: "TW-12-C-111"
where: TW = TechWorld building
12 = 12th floor
C = wiring center and
111 = cable drop #111.

12.3 Intra and Inter-Building Backbone Cables

These backbone cables interconnect wiring closets either within a building or interconnect buildings in a campus environment.

The naming convention applies the same for Intra and Inter backbone cable labeling. Standard nomenclature for backbone cabling shall be as follows:

- First Building (4–6 alphanumeric characters).
- First wiring closet (includes floor, closet and pair or strand designations).
- Second Building (2–4 alphanumeric characters).
- Second wiring closet (includes floor, closet and pair or strand designations).

For example, "TW801I-06-W-001 – TW800K-01-M-001"
where: TW801I = TechWorld building 801 I is the first building (origination point)
6 = 6th floor
W = wiring center, closet W
001 = cable pair (copper) or strand (fiber)
TW800K = TechWorld building 800 K is the second building (destination point)
1 = 1st floor

M = wiring center, Main Distribution Frame
001 = cable pair (copper) or strand (fiber).

The cable label shall be affixed to both ends of the cable, approximately 2 to 3 inches from the termination point. Heat shrink labels are preferable. Wrap-around labels are permissible as long as they are printed using indelible ink and the labels are easily read.

12.4 Patch Panel Patch Cables

The patch panel patch cord connects the horizontal workstation cable to the network electronics. Patch cables in each wiring closet should be identified on each end of the patch cable in a standard, one-up, numeric order, so that an individual patch cable can be easily identified without having to physically "tug" the cable to follow and identify it.

The cable label shall be affixed to both ends of the cable, approximately one inch from the termination connector or modular plug. The labels should be printed using indelible ink, and the labels should be positioned so they can be easily read.

13.0 TEST AND DOCUMENTATION PROCEDURES

The installation contractor shall complete all testing of the cable plant. The installation contractor is responsible for providing all personnel, equipment, instrumentation, and supplies that are necessary to perform the required testing.

13.1 Testing of Installed Copper Cable

All installed copper cables shall be tested with a Level III cable tester to certify that the cable conforms to ANSI/TIA/EIA-568-B specifications. The test device shall provide printed and electronic (soft) Pass/Fail test results that show the following:

- Electrical length in feet (accurate to 0.5 feet).
- Cross-talk in dB for each of the four pairs.
- End-to-end attenuation in dB for each of the four pairs.
- Drop number.
- Continuity (for all eight wires).
- Capacitance
- DC resistance
- Impedance
- Date of test
- Name and model of the field tester (i.e. Fluke OMNIScanner 2).
- Software version or level.
- Date the field tester was last calibrated.
- Which test was being performed (permanent link test, channel test).

13.2 Testing of Optical Fiber Cables

Testing shall be of the optical link as specified in ANSI/TIA/EIA-568-B.3 for multi-mode fiber optics and ANSI/TIA/EIA-526-7 method A for single-mode fiber optics. An optical fiber link is defined as the passive cabling network between two optical cross-connects (patch panels or outlets). This includes cable, connectors and splices but does not include active components. The link test contains the representative connector loss at the patch panel associated with the mating of patch cords, but does not include the performance of the connector at the equipment interface.

If the manufacturer of cables or connecting hardware has supplied post-manufacture performance data, copies of such data are to be included in the documentation.

Testing of installed multimode fiber cable shall meet or exceed the specifications in Exhibit 12.

Exhibit 12: Multimode Fiber Cable Specifications

Horizontal Fiber	Attenuation 850 nm	Attenuation1300 nm
≤ 90 m	≤ 2.0 dB	≤ 2.0 dB
Backbone Fiber		
≤ 2000 m (6560 ft)	≤ fiber length (km) x 3.75 dB/km + number connector pairs x 0.75 dB + number of splices x 0.3 dB	≤ fiber length (km) x 1.5 dB/km + number connector pairs x 0.75 dB + number of splices x 0.3 dB

Testing of installed single-mode fiber cable shall meet or exceed the specifications in Exhibit 13

Exhibit 13: Single Mode Fiber Cable Specifications

Length	Attenuation1310 nm	Attenuation1550 nm
≤ 90 m (295 ft)	≤ 2.0 dB	≤ 2.0 dB
91-1000 m (3281 ft)	≤ 3.0 dB	≤ 3.0 dB
1001-2000 m(6562 ft)	≤ 3.3 dB	≤ 3.3 dB
2001-5000 m (16404 ft)	≤ 4.7 dB	≤ 4.7 dB

Test reports shall include the following information for each cabling element tested:

- Actual measured and maximum allowable attenuation (loss) at the specified wavelengths.
- Reference method.
- Number of mated connectors and number of splices (if any).
- Actual length and maximum allowable length.
- Group refractive index (GRI) for the type of fiber tested, if length was optically measured.
- Tester manufacturer, model, serial number and software version.
- Fiber ID number and project/job name.
- Link criteria used.

- Overall pass/fail indication.
- Date and time of test.

Test reports may be submitted in hardcopy , electronic, or both formats. ICE prefers these reports to be provided in the electronic format over hardcopy.

14.0 BUILDING PATHWAYS, CONDUIT, AND CLOSETS

14.1 Closet Specifications (MDF and RWC)

Typical communications closets house common equipment required to support both voice and data connectivity to workstations. Communication closets/rooms are typically centrally located on the floor, and adhere to the ANSI/TIA/EIA specifications for cable lobe lengths (e.g. maximum cable from closet to workstation will not exceed 100 meters, end-to-end). Closets/rooms should be vertically stacked, with a sufficient number of sleeves interconnecting each closet. All wiring centers shall comply with or support the following specifications and requirements:

14.1.1 General Requirements

- The space should be environmentally temperate, convenient, and professional looking.
- The communication closets must have sufficient infrastructure required to support the variety of communication services provided to ICE and contractor staff. Typically this includes items such as conduits, cable trays, building grounding system, etc.
- Communications closets should be designed for growth, and flexibility supporting new technologies without the need for major room modifications and rearrangements.

14.1.2 Environmental

- Room should be dust free with positive air pressure where possible and meet Federal guidelines for specified material to reduce airborne contaminants caused by off gassing.
- Ceilings should be finished with similar drop tiles used throughout the floor.
- Overhead lighting sufficient to provide 80 candle feet measured five feet above the finished floor, is to be switched controlled and is not to be connected to communications equipment circuits.
- Care must be taken to avoid structural columns, ductwork, other building structures, which would restrict the functionality of the space.
- Ceiling space above communications closets should be open and clear of major Heating, Ventilation, and Air Conditioning (HVAC) systems and ductwork, including major motors, elevator motors, generators, or equipment that induce excessive EMI and/or RFI to communications equipment or systems.
- Room temperature must be maintained between 65 to 85 degrees Fahrenheit, with a relative humidity range of 20 to 60 percent. When heat-generating equipment is placed into communication closets, maintaining environmental parameters is essential, thus avoiding down time due to equipment failures caused by equipment over heating. Where the building

HVAC is insufficient to maintain these parameters a standalone HVAC system should be considered to maintain these environmental ranges for 24 hour, 7 days a week (24/7) schedule.

- Where no dedicated HVAC system is required for plenum air return buildings, there should be a minimum of two diffusers for fresh HVAC air intake, with a minimum of two air return vents, vented door and a positive air flow maintained. Buildings without air return systems should provide clean air 24/7. Additionally, rooms without dedicated HVAC systems should have a continuous airflow 24/7.

14.1.3 Construction

- Closets vary in size depending on their function. However, minimum communications closet size should never be less than specified in the applicable ANSI/TIA/EIA specifications. ICE typical closet minimum size should be no less than 80 square feet, whereas the recommended size is calculated by the ANSI/TIA/EIA specifications.
- Door locks for all communications rooms will conform to local security requirements.
- Door must be a minimum 36 inches wide by 80 inches high. The door should swing out to facilitate equipment installation and provide maximum space utilization by allowing higher density equipment designs and configurations without the concern of lost space due to door travel.
- Floor should be rated to withstand 100 pounds per square foot and should be covered with appropriate tile or linoleum. Carpets are not acceptable in communications closets.
- Each communications closet should have a minimum of 2 separate 120 Volt @20A circuits installed for cable plant electronics. Preferred outlets are the National Electrical Manufacturers Association (NEMA)-20 5 quad receptacles. Outlets should be installed at heights that adhere to the building electrical codes, typically 18 inches above finished floor. Additional circuits may be required as equipment density is increased.
- A certified electrical ground and buss shall be installed into each closet for communications equipment grounding and be connected to a dedicated building ground, that is compliant with the ANSI//TIA/EIA 607.
- For the MDF, a pre-treated, fire-rated, plywood backboard (3/4 inches by 4 feet by 8 feet sheets) shall be fastened properly to the wall for riser cable control, where required.
- All cable shall be neatly tie-wrapped and anchored every 3 feet on the backboard
- ICE occupied floors that are contiguous, with stacked closets, should have a minimum of two 4-inch sleeves between closets for ICE Data and Voice cables. Additional sleeves will be required for the building voice riser system. Where ICE data and voice cables must pass through communications closets not controlled by ICE or the US government, mechanical protection must be provided. Thin wall ridged conduit will be sufficient for this requirement.

14.2 Conduits

Conduit installations shall comply with all ANSI/TIA/EIA-569-A specifications. Highlights of that specification are as follows:

- A maximum fill factor of 40% per conduit shall be adhered to for new conduits. If possible, installers shall avoid using those conduits that have exceeded the 40% fill factor.
- A pull-box shall be installed every 100 feet and every two 90-degree turns.
- All bends in the conduit must be made hydraulically to create smooth, sweeping turns.
- All pull-boxes shall be sized to allow for the largest minimum bend radius for any of the cables that are used.
- Where local codes mandate that rigid conduit must be installed from the distribution closet to the IMO, a minimum of one 1-inch diameter conduit from wiring center to workstation IMO is required. This single, 1-inch conduit will support both voice and data grade cabling to the workstation and requires a consolidated voice and data closet.
- In buildings which local codes do not mandate rigid conduit from the distribution closet to the IMO, a minimum of one 1-inch diameter conduit from above ceiling grids to respective IMO is recommended. These conduits are referred to as "ring and string" within the industry, and typically provide a pathway for plenum cable installation into the outlet box. Although many local codes do not require rigid conduits for low voltage wiring, ICE DSB recommends the general contractor install these for each IMO.
- Open office space (e.g., systems furniture where two or more IMOs are fed by a single column or feed) typically does not require conduit stubs or home-run conduits. If conduits or stubs are installed, then conduit sizing shall ensure fill factor does not exceed 40%.
- A minimum of two 4-inch diameter sleeves shall be provided for vertically stacked closets. In open plenum environments, where access to closets are not blocked by building structures or fixtures, and a clear pathway exists, conduit installation is not required to interconnect closets. Exceptions will be made by the ICE Project Manager
- A minimum of two 4-inch diameter conduits shall be provided in any building or campus environment where cable is subject to damage or there is no clear pathway for installation. These may be areas such as underground parking garages, outside cable routes, pathways through office space not under ICE control, or areas that prevent cable installation at future dates, such as main building lobbies, under-floor pathways, etc.
- A minimum of two 4-inch diameter conduits between buildings in a campus environment.

15.0 DOCUMENTATION

Upon completion of the cable plant installation, a documentation package shall be completed within 30 calendar days that shall include the following items:

- Letter of certification from the installing organization.
- Completed Contractor Information Form.
- Detailed materials list.

- Cable plant test certification letter.
- Electronic Copper cable test results (soft).
- Electronic Fiber-optic cable test results (soft).
- As-built site drawings.

All of this information shall be provided in both hardcopy and electronic formats, except as follows:

- Electronic Fiber test results (soft).
- Electronic Copper test results (soft).

15.1 Letter of Certification

A letter of certification shall be supplied to the designated ICE Program Manager from the authorized project supervisor. A sample of the recommended letter of certification is included as Appendix B of this document. A letter of certification shall be supplied to the designated ICE Program Manager from the authorized project supervisor. A sample of the recommended letter of certification is included as Appendix B of this document. The letter of certification should be submitted in electronic format using word Processing software compatible with Microsoft Word 2000 or lower.

15.2 Implementation Report

A brief implementation report shall be submitted as part of the completed documentation package. This implementation report, at a minimum, should include the following information:

- Installing company name and address.
- Contract number and Task or Delivery Order, if any.
- Beginning and ending dates of the installation project.
- Names of personnel assigned to the installation project.
- Installation summary, including deviations from the original task order.
- Responsible party names, address, and phone number.

The electronic version of this report shall be submitted using word Processing software compatible with Microsoft Word 2000 or lower. A sample implementation report is provided as Appendix D of this document.

15.3 Detailed Materials List

A detailed materials list shall be included as part of the completed documentation package. At a minimum, this list shall include all materials originally called for from the site survey report, actual materials used for the installation project, and a column that shows the deviation between the two. Any unusual deviations in required quantities should be explained in the implementation report, as described previously.

The detailed materials list should be completed and submitted using spreadsheet software compatible with Microsoft Excel 2000 or lower. A sample form to be used for this list is provided as Appendix E of this document.

15.4 Cable Plant Test Certification Letter

In lieu of the responsible installation supervisor providing a signature on each printed cable test result, a letter of certification from the installation supervisor may be included to verify that installation personnel doing the testing have been properly trained in the use of the test equipment and that the test results included have been reviewed and are an accurate reflection of the installed cable plant.

The certification letter should be submitted in electronic format as a word Processing document compatible with Microsoft Word 2000 or lower. A sample cable plant test certification letter is included as Appendix F of this document.

15.5 Copper Cable Test Results

Test results for all cables shall be included in electronic format (ASCII text format) within the completed documentation package upon completion of the project. The cable test results shall be provided in numeric order on a per closet basis for horizontal cables. All copper tie and backbone cables shall be included as a sub-section and also numbered.

15.6 Fiber-optic backbone Cable Test Results

A hard copy of all fiber-optic cable test results shall be included as part of the completed documentation package. Opposite ends of each fiber strand tested should be included side by side or in direct sequential order. The fiber optic test results shall be submitted in a closet by closet format.

The electronic trace version of the test results should also be included. If a specific executable program is required to view the trace on a personal computer, a copy of this executable file shall be included with the electronic files.

15.7 As-Built Site Drawings

Complete as-built site drawings of the cable plant shall be included as part of the completed documentation package. At a minimum, the following information shall be included on the drawing:

- Accurate, reasonable facsimile of the building floor plan.
- Room and area numbers assigned for identification purposes.
- Location and designation of all wiring closets.
- Location and designation of all information outlets installed
- Routes for all cables, including horizontal, tie, and backbone.
- Location of all vertical penetrations.
- Location of horizontal penetrations through firewalls.

- Any special service application notes.
- Backbone and tie cable lengths between closets.

These as-built site drawings shall be completed using computer-aided drawing software that produces vector graphics data files, preferably AutoCAD version 2003 or lower.

Attachment A

Glossary

AC	Alternating Current
ACR	Attenuation to crosstalk ratio
ADP	Automated Data Processing
ANSI	American National Standards Institute
AWG	American Wire Gauge
CAT	Category
CSA	Canadian Standards Association
dB	Decibel
DSB	Deployment Services Branch
DO	District Office
DHS	Department of Homeland Security
EF	Entrance Facility
EIA	Electronic Industries Association
ELFEXT	Equal Level Far End Cross-talk
EMI	Electromagnetic Interference
FCC	Federal Communications Commission
FIPS	Federal Information Processing Standard
GRI	group refractive index
HVAC	Heating, Ventilation, and Air Conditioning
ID	Identification
IDC	Insertion Displacement Connector
IEEE	Institute of Electrical and Electronics Engineers
IMO	Information Management Outlet
ICE	Immigration and Customs Enforcement
ISO	International Organization for Standardization
km	Kilometers
LAN	local area network
µm	Micrometer
Mbps	Megabits per second
MC	main cross-connect
MDF	Main Distribution Frame
MHz	MegaHertz
NEC	National Electrical Code
NEBS	National Electrical Bell Standards
NEMA	National Electrical Manufacturers Association
NEXT	Near End crosstalk
NFPA	National Fire Protection Agency

ns	Nanosecond
OFNP	Optical Fiber Plenum
OFNR	Optical Fiber Riser
OFN	Optical Fiber, not rated
OCIO	Office of Chief Information Officer
OTDR	Optical Time Domain Reflectometer
PCB	Printed Circuit Board
PS ACR	Power sum attenuation to crosstalk ratio
PS NEXT	Power sum near-end crosstalk
PS ELFEXT	Power sum
RFI	Radio Frequency Interference
RJ	Remote Jack
RWC	Remote Wiring Closet
TIA	Telecommunications Industries Association
TR	Technical Reference
TSB	Telecommunications Services Bulletin
UL	Underwriter's Laboratory
USOC	Universal Service Order Code
UTP	Unshielded Twisted Pair
WAN	Wide Area Network

ACR	Measurement of NEXT-Attenuation
Attenuation	The decrease in magnitude of a wave as it travels through any transmitting medium, such as a cable or circuitry. Attenuation is measured as a ratio or as the logarithm of a ratio decibel.
CAT 5e	A type of cable passing ANSI/TIA/EIA specifications, which allows data to be transmitted at 100 MHz.
Conduit	A pipe, usually metal, that runs either from floor to floor or along a floor or ceiling to protect cables.
Cross-talk	A type of interference caused by audio frequencies from one line being coupled into adjacent lines. The term is loosely used also to include coupling at higher frequencies.
Delay Skew	The propagation delay difference between the slowest and fastest cable pair.
EIA	Electronic Industries Association: the US national organization of electronic manufacturers. It is responsible for the development and maintenance of industry standards for the interface between data processing machines and data communications equipment.
EMI	"Noise" generated in copper conductors when electromagnetic fields induce current. External signals that disrupt the data transmitted on the local area network or electronic device being operated.
End-To-End Connection	A continuous connection, for example, from a workstation to a concentrator.
FC Connector	A type of optical fiber connector identifiable by its round, screw-operated locking nut. It is usually metal. Its ruggedness leads it to be widely used in test equipment. (Source BICSI Telecommunications Dictionary)
FEXT	Cross-talk measured at the opposite end from which the disturbing signal is transmitted.
Frequency	The number of times a periodic action occurs in a unit of time. The number of cycles that an electrical current completes in one second, expressed in Hertz.
Frequency Range	The range, measured in Hertz of a test signal.
Hertz	The unit of frequency, one cycle per second.
IEEE	Institute of Electrical and Electronics Engineers: An international professional society that issues its own standards and is a member of ANSI and ISO.
LAN	A geographically limited communications network intended for the local transport of data, video, and voice. Often referred to as a customer premises network.

Loose Tube	The fiber is contained in a plastic tube for protection. To give better waterproofing protection to the fiber, the space between the tubes is sometimes gel-filled. Typical applications are outside installations. One drawback of loose buffer construction is a larger bending radius. Gel-filled cable requires the installer to spend time cleaning and drying the individual cables, and cleaning up the site afterwards.
Megabits	A million bits per second: A unit of data transmission speed.
MDF	The main distribution frame, where central networking components are located. This refers to closets and large computer rooms and in most cases houses the WAN equipment and circuits. These rooms are the core rooms in a building or campus environment.
MTRJ connectors	The MT-RJ fiber optic couplers provide a complete system for premises applications. As the name suggests, the system was designed to bring many of the benefits of the RJ-45 modular plug and jack system to fiber optics: small size, lower costs, easier application, and easier use.
Nanosecond	One billionth of a second (10^{-9} seconds).
NEXT	Crosstalk measured at the end from which the disturbing signal is transmitted. Near End crosstalk is a measure of how much energy is coupled at the near end in a pair that is adjacent to an energized pair, and FEXT is the same measure at the far end from the transmitter. When all pairs are energized, as with Gigabit Ethernet, NEXT and FEXT are generated by each disturbing pair and must be power-summed to obtain a true measure of the coupled energy.
OFN, OFNP, OFNR	Type of optical fiber cable construction, which stands for: general purpose, plenum(P) or Riser (R)
Patch Panel	A modular termination and connection point for horizontal distribution cabling.
Plenum	A compartment or chamber to which one or more air ducts are connected and that forms part of the air distribution system. (Source National Electric Code)
Protocol	The means used to control the orderly exchange of information between stations on a data link or on a communications network or system.
Propagation Delay	The amount of time that passes between when a signal is transmitted and when it is received at the opposite end of a cable or cabling.
PS NEXT	Power sum near end crosstalk. Measurement
PVC	Polyvinyl Chloride: A type of plastic material used to make cable jacketing.
Return Loss	Return loss is a measure of the signal reflections occurring along a channel or basic link and is related to various electrical mismatches along the cabling.

RJ-45 Keyed Connector	An eight-conductor modular phone-style receptacle with a plastic tab on the side. This type of connector can only be inserted into a keyed jack.
RJ-45 Non-Keyed Connector	An eight-conductor modular phone-style receptacle without a plastic tab. This type of connector can be inserted into either a keyed or non-keyed jack.
SC connectors	Fiber connector that is duplexed into a single connector clip with both transmit/receive fibers.
ST connectors	Keyed, bayonet-style connector, very commonly used
TIA	Telecommunications Industries Association: The US national organization of telecommunications manufacturers. It is responsible for the development of data processing machines and data communications equipment.
Tight Buffered	Buffer layers of plastic and yarn material are applied over the fiber. Results in a smaller cable diameter with a smaller bending radius. Typical applications are patch cords and local area network connections. At least one mfr. Produces this type of cable for inside/outside use.
UTP	A cable with multiple pairs of twisted insulated copper conductors bound in a single sheath. An unshielded twisted pair CAT5 or 5e cable usually contains four pairs of wire in a single jacket.
WAN	Wide Area Network: A network that uses common-carrier-provided lines, usually to connect two or more LANs.

Attachment B

Sample Letter of Certification

[*Use Corporate letterhead*]

[*Title*]

Date: [Current date]

To: [Full name of individual to whom the letter is being sent]

Address [of individual to whom letter is addressed]

Re: Cable Plant Installation

Task Order No.: [XXX-xxx]

Dear [*Mr., Ms., or Dr. and last name*]:

I hereby certify that the cabling installation completed for the above referenced ICE site was completed by our firm, according to the ICE Structured Cabling Standards, on [*date of installation in Month Day, Year*].

Our firm has tested each unshielded twisted pair copper cable wire (not just cable pairs) we installed, as well as any previously installed Category 5 or 5e cable, if applicable, which will be re-used as part of this Task Order. I hereby certify that every wire and cable was tested and meets or exceeds the CAT 5e ANSI/TIA/EIA-568-B.2 transmission test requirements.

Our firm also tested each fiber-optic cable and strand we installed, as well as previously installed fiber-optic cable that will be used as part of this Task Order. I hereby certify that each strand of every cable meets or exceeds the required standards for fiber-optic cable.

[*Mr., Ms., or Dr. and full name*]
[*Title*]

Attachment C

Sample Contractor Information Form

CONTRACTOR INFORMATION

JOB NAME: LOCATION:

DATE: **PROJECT:** Cable Plant Installation

FIBER CONTRACTOR

NAME: PHONE:

ADDRESS:

CITY, STATE, ZIP:

CONTACT NAME:

COMPLETION DATE:

SCOPE OF WARRANTY RESPONSIBILITY:
In accordance with Existing Contract

SUPPLIED MATERIALS:
In accordance with Task Order XXX-xxx

COPPER CONTRACTOR

NAME: PHONE:

ADDRESS:

CITY, STATE, ZIP:

CONTACT NAME:

COMPLETION DATE:

SCOPE OF WARRANTY RESPONSIBILITY:
In accordance with Existing Contract

SUPPLIED MATERIALS:
In accordance with Task Order XXX-xxx

Attachment D

Sample Implementation Report

PROJECT IMPLEMENTATION REPORT
SITE C

INTRODUCTION

Company A under sub-contract to Company B, and working under Task Order Number XXX-xxx, recently performed a local cable plant installation at Site C. The project was begun on Monday July 7, 2003, and the installation was completed on Wednesday, July 23, 2003.

PROJECT PERSONNEL

The following Company A personnel participated in the installation project at Site C:

Mr. X	Program Manager
Mr. Y	Task Team Leader
Mr. Z	Senior Network Engineer

INSTALLATION SUMMARY

The network installation was completed in accordance with the Task Order, using the Site Survey Report as the guide for project completion. In accordance with the design documentation, two buildings at the headquarters site were cabled for a total of 52 dual cable drops. All drops were installed through a self-suspended overhead cable routing system above the acoustic ceiling tiles in the office areas and garage of Site C.

Two wiring closets, designated wiring closet HQ-01-A and HA-01-A, serve the workstation connectivity needs for Site C. The main building cables are identified by labels starting with HQ-01-A. The garage cable drops are identified by labels beginning with HA-01-A. All 45 copper cable drops for closet HQ-01-A terminate on the patch panels in the equipment racks located in room 118, which also serves as the main computer room. The seven drops in the garage in wiring closet HA-01-A terminate on the patch panels located on the equipment rack in room 105.

A six-strand multi-mode fiber-optic cable connects wiring closet HA-01-A in the garage to wiring closet HQ-01-A in the main building.

There were no modifications made to the design documentation from the Site Survey Report. All material was provided and installed in accordance with the materials listing in the report.

PROJECT DOCUMENTATION

Included within the As-built documentation package, both in hard copy and electronic format, is the following information:

Item	Electronic Format
Letter of Certification	Word processing compatible with Microsoft Word for Windows (Version 97), or lower
Implementation Report	Word processing compatible with Microsoft Word for Windows (Version 97), or lower
Contractor Information	Word processing compatible with Microsoft Word for Windows (Version 97), or lower
Cable Plant Database	Spreadsheet compatible with Microsoft Excel (Version 97) or lower
Detailed Materials Listing	Spreadsheet compatible with Microsoft Excel (Version 97) or lower
Cable Plant Test Results	ASCII Text File
Active Equipment Installation Log	Spreadsheet compatible with Microsoft Excel (Version 97) or lower
As-built Site Drawings	CAD format compatible with AutoCAD Version 2000 or lower
Wiring Closet Detail	Raster or Vector drawing compatible with Visio Professional (Version 5.0) or AutoCAD Version 2000 or lower

CONCLUSION

The installation project was completed on Wednesday, July 23, 2003.

All materials and workmanship provided by Company A are fully warranted under the terms of the existing contract between Company B and Company A.

Any questions concerning the project installation, documentation, and warranty may be addressed to Mr. Y of Company A. Mr. Y can be reached at (000) 555-0000.

Attachment E

Sample Detailed Materials List

Item No.	Description	Projected Quantity	Actual Quantity	Variance
1	Wire Management Panel	6	6	0
2	48 Port Patch Panel	2	2	0
3	24 Port Patch Panel	4	4	0
4	Single Gang Faceplate, 6-plex CAT-5e	25	25	0
5	Workstation Blank Insert	50	50	0
6	Dual CAT-5e RJ-45 Jack, 568A, non-keyed	25	25	0
7	CAT-5e Cable, 24-4/P, plenum, feet	15000	15000	0
8	Patch Cord, yellow, 14 feet	30	30	0
9	Patch Cord, yellow, 10 feet	70	70	0
10	Open Rack, self support, double sided	1	1	0
11	Rack Mount Power Outlet Strip	2	2	0
12	Catalyst 4500 Chassis (6-Slot)	1	1	0
13	Catalyst 4500 1300W AC Power Supply	1	1	0
14	Catalyst 4500 Supervisor IV	1	1	0
15	Catalyst 4500 48-Port 10/100/1000 Base-T	2	2	0
16	1000BASE-SX "Short Wavelength" GBIC	1	1	0
17	WS-C3550-12T	1	1	0
18	19" Clear Vented Double Sided Rack Tray	1	1	0
19	0.9" x 1.5" Latching Duct, 6 foot lengths	8	8	0
20	Data Tab (Computer Icon) 100/PACK	2	2	0
21	Fiber-optic cable, Twelve-Strand, feet	600	300	300
22	Box Eliminators	50	50	0
23	Surface Mount Box	14	14	0
24	0.53"x1.01" Latching Duct, 6 foot lengths	14	14	0
25	Fiber Distribution Center	2	2	0
26	FDC Connector Panel, Preloaded w/ 6 SC	2	2	0
27	Dual Fiber Jumper Cable, SC to SC, 3 meter	2	2	0

Attachment F

Sample Cable Test Certification Letter

[*Use Corporate letterhead*]

Date: [Current date]

To: [Full name of individual to whom the letter is being sent]

Address: [*of individual to whom letter is addressed*]

Re: ICE Cable Plant Installation at Site C

Task Order No.: [*XXX-xxx*]

Dear [*Mr., Ms., or Dr. and last name*]:

This letter is to certify that all cable test results included for the above mentioned project has been completed by Company A personnel who have been trained, and are competent in the use of, the required cable testing equipment.

Please accept this letter as certification of the accuracy of the test results furnished in lieu of individual signatures on each cable test result.

[*Mr., Ms., or Dr. and name*]
[*Title*]

ATTACHMENT 24-27

Attachments that were not attached as they were way too large for email.

Attachment 24 ICE EOIR Designs Standards

Attachment 25 ICE Structured Cable Plant Standards

Attachment 26 Health Service Design Standards

Attachment 27 IHSC Design Standards Supplement

ATTACHMENT 28

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT

By direction of the Secretary of Labor

Daniel W. Simms
Director

Division of
Wage Determinations

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

Wage Determination No.: 2015-5603
Revision No.: 10
Date Of Last Revision: 08/02/2019

Note: Under Executive Order (EO) 13658 an hourly minimum wage of $10.60 for calendar year 2019 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least $10.60 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2019. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: California

Area: California County of Kern

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		15.38
01012 - Accounting Clerk II		17.27
01013 - Accounting Clerk III		19.32
01020 - Administrative Assistant		30.78
01035 - Court Reporter		27.43

01041 - Customer Service Representative I	12.60
01042 - Customer Service Representative II	14.17
01043 - Customer Service Representative III	15.46
01051 - Data Entry Operator I	13.69
01052 - Data Entry Operator II	14.94
01060 - Dispatcher Motor Vehicle	23.10
01070 - Document Preparation Clerk	15.14
01090 - Duplicating Machine Operator	15.14
01111 - General Clerk I	14.80
01112 - General Clerk II	16.15
01113 - General Clerk III	18.14
01120 - Housing Referral Assistant	22.37
01141 - Messenger Courier	14.55
01191 - Order Clerk I	16.29
01192 - Order Clerk II	17.79
01261 - Personnel Assistant (Employment) I	17.78
01262 - Personnel Assistant (Employment) II	19.89
01263 - Personnel Assistant (Employment) III	22.17
01270 - Production Control Clerk	28.50
01290 - Rental Clerk	13.99
01300 - Scheduler Maintenance	17.94
01311 - Secretary I	17.94
01312 - Secretary II	20.07
01313 - Secretary III	22.37
01320 - Service Order Dispatcher	20.65
01410 - Supply Technician	30.78
01420 - Survey Worker	16.68
01460 - Switchboard Operator/Receptionist	13.99
01531 - Travel Clerk I	13.55
01532 - Travel Clerk II	14.26
01533 - Travel Clerk III	15.45
01611 - Word Processor I	16.07
01612 - Word Processor II	18.05
01613 - Word Processor III	20.19
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer Fiberglass	21.98
05010 - Automotive Electrician	21.23
05040 - Automotive Glass Installer	19.94
05070 - Automotive Worker	19.94
05110 - Mobile Equipment Servicer	17.24
05130 - Motor Equipment Metal Mechanic	22.54
05160 - Motor Equipment Metal Worker	19.94
05190 - Motor Vehicle Mechanic	22.54
05220 - Motor Vehicle Mechanic Helper	15.81

05250 - Motor Vehicle Upholstery Worker	18.63
05280 - Motor Vehicle Wrecker	19.94
05310 - Painter Automotive	21.23
05340 - Radiator Repair Specialist	19.94
05370 - Tire Repairer	14.73
05400 - Transmission Repair Specialist	22.54
07000 - Food Preparation And Service Occupations	
07010 - Baker	14.06
07041 - Cook I	15.32
07042 - Cook II	17.73
07070 - Dishwasher	11.52
07130 - Food Service Worker	12.41
07210 - Meat Cutter	14.15
07260 - Waiter/Waitress	11.57
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	16.54
09040 - Furniture Handler	12.87
09080 - Furniture Refinisher	16.54
09090 - Furniture Refinisher Helper	13.30
09110 - Furniture Repairer Minor	15.21
09130 - Upholsterer	16.54
11000 - General Services And Support Occupations	
11030 - Cleaner Vehicles	13.82
11060 - Elevator Operator	13.22
11090 - Gardener	19.51
11122 - Housekeeping Aide	13.22
11150 - Janitor	13.22
11210 - Laborer Grounds Maintenance	14.65
11240 - Maid or Houseman	11.68
11260 - Pruner	13.87
11270 - Tractor Operator	17.89
11330 - Trail Maintenance Worker	14.65
11360 - Window Cleaner	14.59
12000 - Health Occupations	
12010 - Ambulance Driver	18.87
12011 - Breath Alcohol Technician	24.52
12012 - Certified Occupational Therapist Assistant	33.63
12015 - Certified Physical Therapist Assistant	29.09
12020 - Dental Assistant	17.99
12025 - Dental Hygienist	45.22
12030 - EKG Technician	29.16
12035 - Electroneurodiagnostic Technologist	29.16
12040 - Emergency Medical Technician	18.87
12071 - Licensed Practical Nurse I	21.92

12072 - Licensed Practical Nurse II	24.52
12073 - Licensed Practical Nurse III	27.33
12100 - Medical Assistant	14.13
12130 - Medical Laboratory Technician	22.72
12160 - Medical Record Clerk	18.66
12190 - Medical Record Technician	20.87
12195 - Medical Transcriptionist	21.85
12210 - Nuclear Medicine Technologist	52.50
12221 - Nursing Assistant I	12.45
12222 - Nursing Assistant II	14.00
12223 - Nursing Assistant III	15.28
12224 - Nursing Assistant IV	17.15
12235 - Optical Dispenser	16.75
12236 - Optical Technician	21.92
12250 - Pharmacy Technician	18.78
12280 - Phlebotomist	18.84
12305 - Radiologic Technologist	34.41
12311 - Registered Nurse I	24.92
12312 - Registered Nurse II	30.48
12313 - Registered Nurse II Specialist	30.48
12314 - Registered Nurse III	43.52
12315 - Registered Nurse III Anesthetist	43.52
12316 - Registered Nurse IV	44.22
12317 - Scheduler (Drug and Alcohol Testing)	30.37
12320 - Substance Abuse Treatment Counselor	22.03
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	24.35
13012 - Exhibits Specialist II	30.20
13013 - Exhibits Specialist III	36.93
13041 - Illustrator I	24.35
13042 - Illustrator II	30.20
13043 - Illustrator III	36.93
13047 - Librarian	33.42
13050 - Library Aide/Clerk	16.13
13054 - Library Information Technology Systems Administrator	30.18
13058 - Library Technician	21.25
13061 - Media Specialist I	21.78
13062 - Media Specialist II	24.35
13063 - Media Specialist III	27.17
13071 - Photographer I	18.00
13072 - Photographer II	20.14
13073 - Photographer III	24.95
13074 - Photographer IV	30.52

13075 - Photographer V		36.92
13090 - Technical Order Library Clerk		20.26
13110 - Video Teleconference Technician		20.72
14000 - Information Technology Occupations		
14041 - Computer Operator I		17.85
14042 - Computer Operator II		20.61
14043 - Computer Operator III		22.98
14044 - Computer Operator IV		25.55
14045 - Computer Operator V		28.28
14071 - Computer Programmer I	(see 1)	
14072 - Computer Programmer II	(see 1)	
14073 - Computer Programmer III	(see 1)	
14074 - Computer Programmer IV	(see 1)	
14101 - Computer Systems Analyst I	(see 1)	
14102 - Computer Systems Analyst II	(see 1)	
14103 - Computer Systems Analyst III	(see 1)	
14150 - Peripheral Equipment Operator		17.85
14160 - Personal Computer Support Technician		25.55
14170 - System Support Specialist		29.44
15000 - Instructional Occupations		
15010 - Aircrew Training Devices Instructor (Non-Rated)		30.78
15020 - Aircrew Training Devices Instructor (Rated)		37.24
15030 - Air Crew Training Devices Instructor (Pilot)		44.48
15050 - Computer Based Training Specialist / Instructor		30.78
15060 - Educational Technologist		39.14
15070 - Flight Instructor (Pilot)		44.48
15080 - Graphic Artist		21.59
15085 - Maintenance Test Pilot Fixed Jet/Prop		43.41
15086 - Maintenance Test Pilot Rotary Wing		43.41
15088 - Non-Maintenance Test/Co-Pilot		43.41
15090 - Technical Instructor		22.89
15095 - Technical Instructor/Course Developer		28.00
15110 - Test Proctor		18.48
15120 - Tutor		18.48
16000 - Laundry Dry-Cleaning Pressing And Related Occupations		
16010 - Assembler		13.13
16030 - Counter Attendant		13.13
16040 - Dry Cleaner		15.02
16070 - Finisher Flatwork Machine		13.13
16090 - Presser Hand		13.13
16110 - Presser Machine Drycleaning		13.13
16130 - Presser Machine Shirts		13.13
16160 - Presser Machine Wearing Apparel Laundry		13.13
16190 - Sewing Machine Operator		15.65

16220 - Tailor	16.28
16250 - Washer Machine	13.76
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	27.38
19040 - Tool And Die Maker	33.20
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	14.76
21030 - Material Coordinator	28.50
21040 - Material Expediter	28.50
21050 - Material Handling Laborer	15.04
21071 - Order Filler	12.17
21080 - Production Line Worker (Food Processing)	14.76
21110 - Shipping Packer	15.92
21130 - Shipping/Receiving Clerk	15.92
21140 - Store Worker I	14.84
21150 - Stock Clerk	18.24
21210 - Tools And Parts Attendant	14.76
21410 - Warehouse Specialist	14.76
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	35.35
23019 - Aircraft Logs and Records Technician	27.59
23021 - Aircraft Mechanic I	33.38
23022 - Aircraft Mechanic II	35.35
23023 - Aircraft Mechanic III	36.74
23040 - Aircraft Mechanic Helper	23.41
23050 - Aircraft Painter	31.45
23060 - Aircraft Servicer	27.59
23070 - Aircraft Survival Flight Equipment Technician	31.45
23080 - Aircraft Worker	29.54
23091 - Aircrew Life Support Equipment (ALSE) Mechanic I	29.54
23092 - Aircrew Life Support Equipment (ALSE) Mechanic II	33.38
23110 - Appliance Mechanic	27.38
23120 - Bicycle Repairer	22.22
23125 - Cable Splicer	40.15
23130 - Carpenter Maintenance	25.15
23140 - Carpet Layer	23.85
23160 - Electrician Maintenance	35.30
23181 - Electronics Technician Maintenance I	28.46
23182 - Electronics Technician Maintenance II	30.30
23183 - Electronics Technician Maintenance III	32.16
23260 - Fabric Worker	24.02
23290 - Fire Alarm System Mechanic	23.03

23310 - Fire Extinguisher Repairer 22.22

23311 - Fuel Distribution System Mechanic 33.89

23312 - Fuel Distribution System Operator 26.90

23370 - General Maintenance Worker 19.66

23380 - Ground Support Equipment Mechanic 33.38

23381 - Ground Support Equipment Servicer 27.59

23382 - Ground Support Equipment Worker 29.54

23391 - Gunsmith I 22.22

23392 - Gunsmith II 25.71

23393 - Gunsmith III 29.06

23410 - Heating Ventilation And Air-Conditioning Mechanic 26.80

23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility) 28.38

23430 - Heavy Equipment Mechanic 26.75

23440 - Heavy Equipment Operator 24.53

23460 - Instrument Mechanic 33.96

23465 - Laboratory/Shelter Mechanic 27.38

23470 - Laborer 15.04

23510 - Locksmith 26.04

23530 - Machinery Maintenance Mechanic 28.48

23550 - Machinist Maintenance 21.72

23580 - Maintenance Trades Helper 13.65

23591 - Metrology Technician I 33.96

23592 - Metrology Technician II 35.96

23593 - Metrology Technician III 37.37

23640 - Millwright 29.06

23710 - Office Appliance Repairer 21.82

23760 - Painter Maintenance 20.87

23790 - Pipefitter Maintenance 26.38

23810 - Plumber Maintenance 24.77

23820 - Pneudraulic Systems Mechanic 29.06

23850 - Rigger 29.06

23870 - Scale Mechanic 25.71

23890 - Sheet-Metal Worker Maintenance 29.20

23910 - Small Engine Mechanic 24.78

23931 - Telecommunications Mechanic I 27.56

23932 - Telecommunications Mechanic II 29.19

23950 - Telephone Lineman 31.01

23960 - Welder Combination Maintenance 25.85

23965 - Well Driller 30.09

23970 - Woodcraft Worker 29.06

23980 - Woodworker 22.22

24000 - Personal Needs Occupations

24550 - Case Manager	17.99
24570 - Child Care Attendant	12.11
24580 - Child Care Center Clerk	15.10
24610 - Chore Aide	13.07
24620 - Family Readiness And Support Services Coordinator	17.99
24630 - Homemaker	17.99
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	38.32
25040 - Sewage Plant Operator	30.41
25070 - Stationary Engineer	38.32
25190 - Ventilation Equipment Tender	25.69
25210 - Water Treatment Plant Operator	30.41
27000 - Protective Service Occupations	
27004 - Alarm Monitor	24.99
27007 - Baggage Inspector	12.10
27008 - Corrections Officer	42.35
27010 - Court Security Officer	38.36
27030 - Detection Dog Handler	13.53
27040 - Detention Officer	42.35
27070 - Firefighter	38.30
27101 - Guard I	12.10
27102 - Guard II	13.53
27131 - Police Officer I	33.15
27132 - Police Officer II	36.83
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	14.80
28042 - Carnival Equipment Repairer	16.14
28043 - Carnival Worker	11.34
28210 - Gate Attendant/Gate Tender	15.81
28310 - Lifeguard	13.15
28350 - Park Attendant (Aide)	17.68
28510 - Recreation Aide/Health Facility Attendant	13.21
28515 - Recreation Specialist	21.82
28630 - Sports Official	14.08
28690 - Swimming Pool Operator	18.67
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	25.88
29020 - Hatch Tender	25.88
29030 - Line Handler	25.88
29041 - Stevedore I	24.17
29042 - Stevedore II	27.55
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist Center (HFO) (see 2)	44.08

30011 - Air Traffic Control Specialist Station (HFO)	(see 2)	30.40
30012 - Air Traffic Control Specialist Terminal (HFO)	(see 2)	33.47
30021 - Archeological Technician I		19.91
30022 - Archeological Technician II		26.44
30023 - Archeological Technician III		27.27
30030 - Cartographic Technician		30.50
30040 - Civil Engineering Technician		29.04
30051 - Cryogenic Technician I		28.22
30052 - Cryogenic Technician II		31.16
30061 - Drafter/CAD Operator I		19.91
30062 - Drafter/CAD Operator II		26.44
30063 - Drafter/CAD Operator III		26.80
30064 - Drafter/CAD Operator IV		32.98
30081 - Engineering Technician I		17.68
30082 - Engineering Technician II		20.62
30083 - Engineering Technician III		23.07
30084 - Engineering Technician IV		28.59
30085 - Engineering Technician V		34.97
30086 - Engineering Technician VI		42.20
30090 - Environmental Technician		26.33
30095 - Evidence Control Specialist		25.48
30210 - Laboratory Technician		24.11
30221 - Latent Fingerprint Technician I		26.68
30222 - Latent Fingerprint Technician II		29.47
30240 - Mathematical Technician		27.58
30361 - Paralegal/Legal Assistant I		21.99
30362 - Paralegal/Legal Assistant II		27.23
30363 - Paralegal/Legal Assistant III		33.31
30364 - Paralegal/Legal Assistant IV		40.31
30375 - Petroleum Supply Specialist		31.16
30390 - Photo-Optics Technician		27.58
30395 - Radiation Control Technician		31.16
30461 - Technical Writer I		29.04
30462 - Technical Writer II		35.52
30463 - Technical Writer III		42.97
30491 - Unexploded Ordnance (UXO) Technician I		28.01
30492 - Unexploded Ordnance (UXO) Technician II		33.89
30493 - Unexploded Ordnance (UXO) Technician III		40.63
30494 - Unexploded (UXO) Safety Escort		28.01
30495 - Unexploded (UXO) Sweep Personnel		28.01
30501 - Weather Forecaster I		28.22
30502 - Weather Forecaster II		34.32
30620 - Weather Observer Combined Upper Air Or Surface Programs	(see 2)	26.80

30621 - Weather Observer Senior	(see 2)	27.27
31000 - Transportation/Mobile Equipment Operation Occupations		
31010 - Airplane Pilot		33.89
31020 - Bus Aide		12.32
31030 - Bus Driver		17.76
31043 - Driver Courier		14.60
31260 - Parking and Lot Attendant		12.54
31290 - Shuttle Bus Driver		15.92
31310 - Taxi Driver		14.07
31361 - Truckdriver Light		15.92
31362 - Truckdriver Medium		17.64
31363 - Truckdriver Heavy		20.40
31364 - Truckdriver Tractor-Trailer		20.40
99000 - Miscellaneous Occupations		
99020 - Cabin Safety Specialist		16.53
99030 - Cashier		11.63
99050 - Desk Clerk		11.92
99095 - Embalmer		25.95
99130 - Flight Follower		28.01
99251 - Laboratory Animal Caretaker I		13.16
99252 - Laboratory Animal Caretaker II		14.28
99260 - Marketing Analyst		29.95
99310 - Mortician		25.95
99410 - Pest Controller		15.29
99510 - Photofinishing Worker		14.72
99710 - Recycling Laborer		25.17
99711 - Recycling Specialist		30.78
99730 - Refuse Collector		23.87
99810 - Sales Clerk		12.02
99820 - School Crossing Guard		11.89
99830 - Survey Party Chief		31.70
99831 - Surveying Aide		21.04
99832 - Surveying Technician		28.83
99840 - Vending Machine Attendant		18.54
99841 - Vending Machine Repairer		23.39
99842 - Vending Machine Repairer Helper		19.11

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2017. If this contract is covered by the EO the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness injury or other health-related needs including preventive care; to assist a family member (or person who is like family to the employee) who is ill injured or has other health-related needs including preventive care; or for reasons resulting from or to assist a family member (or person who is like family to the employee) who is the victim of domestic violence sexual assault or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: $4.54 per hour up to 40 hours per week or $181.60 per week or $786.93 per month

HEALTH & WELFARE EO 13706: $4.22 per hour up to 40 hours per week or $168.80 per week or $731.47 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor 3 weeks after 5 years and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day Martin Luther King Jr.'s Birthday Washington's Birthday Memorial Day Independence Day Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b) this wage determination does not apply to any employee who individually qualifies as a bona fide executive administrative or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than $27.63 (or on a salary or fee basis at a rate not less than $455 per week) an hour would likely qualify as exempt computer professionals (29 C.F.R. 541. 400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds $27.63 per hour conformances may be necessary for certain nonexempt employees. For example if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally because job titles vary widely and change quickly in the computer industry job titles are not determinative of the application of the computer professional exemption. Therefore the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;

(2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and related to user or system design specifications;

(3) The design documentation testing creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

** HAZARDOUS PAY DIFFERENTIAL **

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of $3.35 per week (or $.67 cents per day). However in those instances where the uniforms furnished are made of ""wash and wear"" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are included in a contract a separate SF-1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

1) When preparing the bid the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).

2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the

authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.

3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).

4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.

6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the ""Service Contract Act Directory of Occupations"" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1)).

** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS **

The duties of employees under job titles listed are those described in the ""Service Contract Act Directory of Occupations"" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated."

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00001	See Block 16C	N/A	

6. ISSUED BY CODE ICE/DM/DC-LAGUNA

ICE/Detent Mngt/Detent Contract-LAG
Immigration and Customs Enforcement
Office of Acquisition Management
24000 Avila Road, Room 3104
Laguna Niguel CA 92677

7. ADMINISTERED BY *(If other than Item 6)* CODE

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

GEO GROUP INC THE
ATTN AMBER MARTIN
4955 TECHNOLOGY WAY
BOCA RATON FL 334313367

CODE 6127064650000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008

10B. DATED *(SEE ITEM 13)* 12/19/2019

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* Bilateral - FAR 43.103 -- Types of Contract Modifications (a)(3)

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

DUNS Number: 612706465
NAICS Code: 561612
PSC: S206
Contracting Officer's Representative (COR): Nathan Lindsey, Nathan.R.Lindsey@ice.dhs.gov, 661-328-4503

The purpose of this modification is to add CLIN 0008 - Other Direct Cost (ODC) Reimbursement for detainees housed at Mesa Verde Detention Facility.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Amber D. Martin, Executive Vice President	NATASHA T. NGUYEN TEL: 949-425-7030 EMAIL: natasha.t.nguyen@ice.dhs.gov

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Digitally signed by Amber Martin DN: cn=Amber Martin, o, ou, email=amartin@geogroup.com, c=US Date: 2020.06.23 12:42:23 -04'00'	6/23/2020	NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2020.06.23 11:45:03 -07'00'	
(Signature of person authorized to sign)		*(Signature of Contracting Officer)*	

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1323 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	LIST OF CHANGES: Reason for Modification: Other Administrative Action Amount for this Modification: $0.00 Period of Performance: 12/20/2019 to 12/19/2034 Add Item 0008 as follows:				
0008	Other Direct Cost (ODT) Reimbursement-- This is an estimated amount. All IDIQ terms and conditions remain the same and flow down to the Task Orders.				10,000.00

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 3

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00002	See Block 16C	n/a	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
ICE/DM/DC-LAGUNA			

ICE/Detent Mngt/Detent Contract-LAG
Immigration and Customs Enforcement
Office of Acquisition Management
24000 Avila Road, Room 3104
Laguna Niguel CA 92677

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

GEO GROUP INC THE
ATTN AMBER MARTIN
4955 TECHNOLOGY WAY
BOCA RATON FL 334313367

CODE 6127064650000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008

10B. DATED *(SEE ITEM 13)* 12/19/2019

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
none

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* Bilateral - Mutual Agreement of Both Parties

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

DUNS Number: 612706465
NAICS Code: 561612; PSC: S206

Contracting Officer's Representative (COR): Nathan Lindsey, Nathan.R.Lindsey@ice.dhs.gov, 661-328-4503

This modification is to change the following at no cost to either party:

1) To change CLIN 0001A Golden State Transition period fixed rate at $100,000.00 per month to $150,000.00 for the period from June 20, 2020 through September 5, 2020.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Amber D. Martin - EVP, Contract Administration	NATASHA T. NGUYEN TEL: 949-425-7030 EMAIL: natasha.t.nguyen@ice.dhs.gov

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)	8-7-2020	NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2020.08.07 09:00:53 -07'00' *(Signature of Contracting Officer)*	08/07/2020

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	2) To change CLIN 0003A - Golden State Guarantee Minimum (GM) from August 20, 2020 to September 6, 2020.				
	LIST OF CHANGES: Reason for Modification: Other Administrative Action Total Amount for this Modification: $0.00 Total Amount for this Award: $0.00				
	CHANGES FOR LINE ITEM 0003A - Golden State Bed Detention Services Guaranteed Minimum (1-560 beds)				
	FROM: Period of Performance and Rates as follows: 08/20/2020-12/19/2020 (68,320 Beds) $157.00 12/20/2020-12/19/2021 (204,400 Beds) $158.57 12/20/2021-12/19/2022 (204,400 Beds) $160.27 12/20/2022-12/19/2023 (204,400 Beds) $162.02 12/20/2023-12/19/2024 (204,960 Beds) $163.90				
	TO: Period of Performance and Rates as follows: 09/06/2020-12/19/2020 (58,800 Beds) $157.00 12/20/2020-12/19/2021 (204,400 Beds) $158.57 12/20/2021-12/19/2022 (204,400 Beds) $160.27 12/20/2022-12/19/2023 (204,400 Beds) $162.02 12/20/2023-12/19/2024 (204,960 Beds) $163.90				
	Period of Performance: 12/20/2019 to 12/19/2034				
	Change Item 0003A to read as follows(amount shown is the obligated amount):				
0003A	Golden State Bed Detention Services Guaranteed Minimum (1-560 beds)				
	Period of Performance and Rates as follows: 09/06/2020-12/19/2020 (68,320 Beds) $157.00 12/20/2020-12/19/2021 (204,400 Beds) $158.57 12/20/2021-12/19/2022 (204,400 Beds) $160.27 12/20/2022-12/19/2023 (204,400 Beds) $162.02 12/20/2023-12/19/2024 (204,960 Beds) $163.90 Obligated Amount: $0.00 Product/Service Code: S206 Continued ...				

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1326 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Product/Service Description: HOUSEKEEPING- GUARD All IDIQ terms and conditions remain the same and flow down to the Task Orders.				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00003	See Block 16C	n/a	

6. ISSUED BY CODE ICE/DM/DC-LAGUNA

ICE/Detent Mngt/Detent Contract-LAG
Immigration and Customs Enforcement
Office of Acquisition Management
24000 Avila Road, Room 3104
Laguna Niguel CA 92677

7. ADMINISTERED BY *(If other than Item 6)* CODE

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

GEO GROUP INC THE
ATTN AMBER MARTIN
4955 TECHNOLOGY WAY
BOCA RATON FL 334313367

CODE 6127064650000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008

10B. DATED *(SEE ITEM 13)* 12/19/2019

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
n/a

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* Bilateral - Mutual Agreement of Both Parties

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

DUNS Number: 612706465
NAICS Code: 561612; PSC: S206

Contracting Officer Representative (COR): Nathan Lindsey at (661) 328-4503 or e-mail at Nathan.R.Lindsey@ice.dhs.gov

The purpose of this modification is to authorize the United States Marshals Service (USMS) to use the Central Valley annex for 300 detention beds and can negotiate directly with the Contractor, GEO Group for any new terms and conditions, effective immediately.

Note: Above 300 detention beds must be approved by the ICE Contracting Officer.
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Amber D. Martin, Executive Vice President	NATASHA T. NGUYEN TEL: 949-425-7030 EMAIL: natasha.t.nguyen@ice.dhs.gov

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)	9/18/2020	NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2020.09.18 12:12:23 -07'00' *(Signature of Contracting Officer)*	09/18/202

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1328 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	LIST OF CHANGES: Reason for Modification: Other Administrative Action Total Amount for this Modification: $0.00 New Total Amount for this Award: $0.00 Period of Performance: 12/20/2019 to 12/19/2034				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00004	See Block 16C	NONE	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
70CDLG		ICE/DM/DC-LAGUNA	

DETENTION MANAGEMENT - LAGUNA
U.S. Immigration and Customs Enforcement
Office of Acquisition Management
24000 AVILA ROAD, ROOM 3104
Laguna Niguel CA 92677

ICE/Detent Mngt/Detent Contract-LAG
Immigration and Customs Enforcement
Office of Acquisition Management
24000 Avila Road, Room 3104
Attn: Natasha Nguyen
Laguna Niguel CA 92677

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

GEO GROUP INC THE
ATTN AMBER MARTIN
4955 TECHNOLOGY WAY
BOCA RATON FL 334313367

CODE 6127064650000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

X 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008

10B. DATED *(SEE ITEM 13)* 12/19/2019

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
N/A

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☒ is not. ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

DUNS Number: 612706465
NAICS Code: 561612; PSC: S206

Contracting Officer Representative (COR): Nathan Lindsey at (661) 328-4503 or e-mail at Nathan.R.Lindsey@ice.dhs.gov
Alternative COR: Donna Ore at (916) 329-4326 or e-mail at Donna.Ore@ice.dhs.gov

Attachment 28 Kern County WD 2015-5603, Revision 12 Dated 07-02-2020

The purpose of this modification is to replace and update SCA Wage Determination Attachment 28 Kern County WD 2015-5603, Revision 12 Dated 07-02-2020, effective date: 12/20/2020 see
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
		NATASHA T. NGUYEN TEL: 949-425-7030 EMAIL: natasha.t.nguyen@ice.dhs.gov	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2021.01.12 15:49:05 -08'00' *(Signature of Contracting Officer)*	01/12/2021

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1330 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	attached. LIST OF CHANGES: Reason for Modification: Other Administrative Action Period of Performance: 12/20/2019 to 12/19/2034 All IDIQ terms and conditions remain the same and flow down to the Task Orders.				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
		1 7

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00005	See Block 16C	NONE	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
DETENTION MANAGEMENT - LAGUNA U.S. Immigration and Customs Enforcement Office of Acquisition Management 24000 AVILA ROAD, ROOM 3104 Laguna Niguel CA 92677	70CDLG	ICE/Detent Mngt/Detent Contract-LAG Immigration and Customs Enforcement Office of Acquisition Management 24000 Avila Road, Room 3104 Attn: Natasha Nguyen Laguna Niguel CA 92677	ICE/DM/DC-LAGUNA

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*		9A. AMENDMENT OF SOLICITATION NO.
GEO GROUP INC THE ATTN AMBER MARTIN 4955 TECHNOLOGY WAY BOCA RATON FL 334313367	(x)	
		9B. DATED *(SEE ITEM 11)*
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008
		10B. DATED *(SEE ITEM 13)* 12/19/2019
CODE 6127064650000	FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
NONE

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* Bilateral - FAR 52.222-43 Fair Labor Standards Act and Service Contract Act-Price Adjustment

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

DUNS Number: 612706465
NAICS Code: 561612; PSC: S206

Contracting Officer Representative (COR): Nathan Lindsey at (661) 328-4503 or e-mail at Nathan.R.Lindsey@ice.dhs.gov
Alternative COR: Donna Ore at (916) 329-4326 or e-mail at Donna.Ore@ice.dhs.gov

There is no requisition associated with this modification. All funding continues to be obligated at the task order level, if further task orders are issued.

The purpose of this bilateral modification is to:
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Amber D. Martin, Executive Vice President	NATASHA T. NGUYEN TEL: 949-425-7030 EMAIL: natasha.t.nguyen@ice.dhs.gov

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Digitally signed by Amber D. Martin DN: cn=Amber D. Martin, o=The GEO Group, Inc, email=amartin@geogroup.com, c=US Date: 2021.04.01 14:21:11 -04'00' *(Signature of person authorized to sign)*	4/1/2021	NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2021.04.02 07:39:26 -07'00' *(Signature of Contracting Officer)*	

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)

1) Approve the REA submitted by GEO in accordance with FAR 52.222-43 for Mesa Verde, Golden State and Central Valley annex Detention Center, effective 12/202/2020 as a result to WD 2015-5603, Revision 12 Dated 07-02-2020; and

2) Change Guaranteed Minimum (GM) Bed Day Rate to reflect the contractor's REA per diem increase for base and two five-year option periods.

LIST OF CHANGES:
Reason for Modification: Other Administrative Action
Total Amount for this Modification: $1,605,509.78
New Total Amount for this Award: $1,583,837,253.55

CHANGES FOR LINE ITEM 0003 - Mesa Verde Detention Services
Guaranteed Minimum (1 to 320 beds)
Total Amount changed from $98,311,078.57 to $98,543,653.73

CHANGES FOR LINE ITEM 0003A - Golden State Bed Detention Services
Guaranteed Minimum (1-560 beds)
Total Amount changed from $142,606,968.00 to $142,720,038.96

CHANGES FOR LINE ITEM 0003B - Central Valley Detention Services
Guaranteed Minimum (1-560 beds)
Total Amount changed from $142,606,968.00 to $142,720,038.96

CHANGES FOR LINE ITEM 1001 - Mesa Verde Detention Services
Guaranteed Minimum (1 to 320 Beds)
Total Amount changed from $105,914,771.20 to $106,205,490.15

CHANGES FOR LINE ITEM 1001A-Golden State Detention Services
Guaranteed Minimum (1 to 560 Beds)
Total Amount changed from $173,498,908.80 to $173,640,247.50

CHANGES FOR LINE ITEM 1001B - Central Valley Detention Services
Guaranteed Minimum (1 to 560 Beds)
Continued ...

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Total Amount changed from $173,498,908.80 to $173,640,247.50 CHANGES FOR LINE ITEM 2001 - Mesa Verde Detention Services Guaranteed Minimum (1 to 320 Beds) Total Amount changed from $114,918,220.80 to $115,208,939.75 CHANGES FOR LINE ITEM 2001B - Central Valley Detention Services Guaranteed Minimum (1 to 560 Beds) Total Amount changed from $184,682,523.20 to $184,823,861.90 CHANGES FOR LINE ITEM 2001A - Golden State Detention Services Guaranteed Minimum (1 to 560 Beds) Total Amount changed from $184,682,523.20 to $184,823,861.90 Period of Performance: 12/20/2019 to 12/19/2034 Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	Mesa Verde Detention Services Guaranteed Minimum (1 to 320 beds) Base Ordering Period - Unit of Issue DA is equivalent to Bed-Day Periods of Performance and Rate: 12/20/2019 to 12/19/2020 (117,120 Beds) Rate: $165.68/DA; Not-to-Exceed (NTE) $19,404,441.60 12/20/2020 to 12/19/2021 (116,800 Beds) Rate: $166.18/DA; NTE $19,409,824.00 12/20/2021 to 12/19/2022 (116,800 Beds) Rate: $168.55/DA; NTE $19,686,640.00 12/20/2022 to 12/19/2023 (116,800 Beds) Rate: $171.01/DA; NTE $19,973,968.00 12/20/2023 to 12/19/2024 (117,120 Beds) Rate: $173.66/DA; NTE $20,339,059.20 Obligated Amount: $0.00 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0003A to read as follows(amount shown is the obligated amount): Continued ...				98,543,653.73

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1334 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0003A	Golden State Bed Detention Services Guaranteed Minimum (1-560 beds) Base Ordering Period - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 09/06/2020-12/19/2020 (68,320 Beds) Rate: $157.00/DA; Not-to-Exceed (NTE) $10,726,240.00 12/20/2020-12/19/2021 (204,400 Beds) Rate: $158.71/DA NTE $18,537,328.00 12/20/2021-12/19/2022 (204,400 Beds) Rate: $160.41/DA NTE $18,735,888.00 12/20/2022-12/19/2023 (204,400 Beds) Rate: $162.16/DA NTE $18,940,288.00 12/20/2023-12/19/2024 (204,960 Beds) Rate: $164.04/DA NTE $19,212,364.80 Obligated Amount: $0.00 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0003B to read as follows(amount shown is the obligated amount):				142,720,038.96
0003B	Central Valley Detention Services Guaranteed Minimum (1-560 beds) Base Ordering Period- Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 08/20/2019-12/19/2020 (68,320 Beds) Rate: $157.00/DA; Not-to-Exceed (NTE) $10,726,240.00 12/20/2020-12/19/2021 (204,400 Beds) Rate: $158.71/DA $18,537,328.00 12/20/2021-12/19/2022 (204,400 Beds) Rate: $160.41/DA $18,735,888.00 12/20/2022-12/19/2023 (204,400 Beds) Rate: $162.16/DA $18,940,288.00 12/20/2023-12/19/2024 (204,960 Beds) Rate: $164.04/DA $19,212,364.80 Obligated Amount: $0.00 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1001 to read as follows(amount shown is the obligated amount):				142,720,038.96
1001	Mesa Verde Detention Services Guaranteed Minimum (1 to 320 Beds) Continued ...				0.00

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1335 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Option Ordering Period 1 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2024 to 12/19/2025 (116,800 Beds) Rate: $176.15/DA; Not-to-Exceed (NTE) $20,574,320.00 12/20/2025 to 12/19/2026 (116,800 Beds) Rate: $178.85/DA; NTE $20,889,680.00 12/20/2026 to 12/19/2027 (116,800 Beds) Rate: $181.64/DA; NTE $21,215,552.00 12/20/2027 to 12/19/2028 (117,120 Beds) Rate: $184.66/DA; NTE $21,627,379.20 12/20/2028 to 12/19/2029 (116,800 Beds) Rate: $187.50/DA; NTE $21,900.000.00 Amount: $106,205,490.15(Option Line Item) 12/20/2024 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1001A to read as follows(amount shown is the obligated amount):				
1001A	Golden State Detention Services Guaranteed Minimum (1 to 560 Beds) Option Ordering Period 1 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2024 to 12/19/2025 (204,400 Beds) Rate: $165.82/DA; Not-to-Exceed (NTE) $19,367,776.00 12/20/2025 to 12/19/2026 (204,400 Beds) Rate: $167.74/DA; NTE $19,592,032.00 12/20/2026 to 12/19/2027 (204,400 Beds) Rate: $169.73/DA; NTE $19,824,464.00 12/20/2027 to 12/19/2028 (204,960 Beds) Rate: $171.87/DA; NTE $20,129,414.40 12/20/2028 to 12/19/2029 (204,400 Beds) Rate: $173.89/DA; NTE $20,310,352.00 Amount: $173,640,247.50(Option Line Item) 12/19/2029 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1001B to read as follows(amount shown is the obligated amount):				0.00
1001B	Central Valley Detention Services Guaranteed Minimum (1 to 560 Beds) Option Ordering Period 1 - Unit of Issue DA is Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2024 to 12/19/2025 (204,400 Beds) Rate: $165.82/DA; Not-to-Exceed (NTE) $19,367,776.00 12/20/2025 to 12/19/2026 (204,400 Beds) Rate: $167.74/DA; NTE $19,592,032.00 12/20/2026 to 12/19/2027 (204,400 Beds) Rate: $169.73/DA; NTE $19,824,464.00 12/20/2027 to 12/19/2028 (204,960 Beds) Rate: $171.87/DA; NTE $20,129,414.00 12/20/2028 to 12/19/2029 (204,400 Beds) Rate: $173.89/DA; NTE $20,310,352.00 Amount: $173,640,247.50(Option Line Item) 12/19/2029 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2001 to read as follows(amount shown is the obligated amount):				
2001	Mesa Verde Detention Services Guaranteed Minimum (1 to 320 Beds) Option Ordering Period 2 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2029 to 12/19/2030 (116,800 Beds) Rate: $190.58/DA; Not-to-Exceed (NTE) $22,259,744.00 12/20/2030 to 12/19/2031 (116,800 Beds) Rate: $193.75/DA; $22,630,000.00 12/20/2031 to 12/19/2032 (117,120 Beds) Rate: $197.19/DA $23,094,892.80 12/20/2032 to 12/19/2033 (116,800 Beds) Rate: $200.42/DA $23,409,056.00 12/20/2033 to 12/19/2034 (116,800 Beds) Rate: $203.91/DA $23,816,688.00 Amount: $115,208,939.75(Option Line Item) 12/20/2029 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2001A to read as follows(amount shown is the obligated amount):				0.00
2001A	Golden State Detention Services Guaranteed Minimum (1 to 560 Beds) Option Ordering Period 2 - Unit of Issue DA is equivalent to Bed-Day Continued ...				0.00

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1337 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Ordering Period and Bed Day Rates: 12/20/2029 to 12/19/2030 (204,400 Beds) Rate: $176.07 DA/; Not-to-Exceed (NTE) $20,564,976.00 12/20/2030 to 12/19/2031 (204,400 Beds) Rate: $178.33/DA; NTE $20,828,944.00 12/20/2031 to 12/19/2032 (204,960 Beds) Rate: $180.76/DA; NTE $21,170,611.20 12/20/2032 to 12/19/2033 (204,400 Beds) Rate: $183.05/DA; NTE $21,380,240.00 12/20/2033 to 12/19/2034 (204,400 Beds) Rate: $185.53/DA; NTE $21,669,904.00 Amount: $184,823,861.90(Option Line Item) 12/20/2029 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2001B to read as follows(amount shown is the obligated amount):				
2001B	Central Valley Detention Services Guaranteed Minimum (1 to 560 Beds) Option Ordering Period 2 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2029 to 12/19/2030 (204,400 Beds) Rate: $176.07/DA; Not-to-Exceed (NTE) $20,564,976.00 12/20/2030 to 12/19/2031 (204,400 Beds) Rate: $178.33/DA $20,828,944.00 12/20/2031 to 12/19/2032 (204,960 Beds) Rate: $180.76/DA $21,170,611.20 12/20/2032 to 12/19/2033 (204,400 Beds) Rate: $183.05/DA $21,380,240.00 12/20/2033 to 12/19/2034 (204,400 Beds) Rate: $185.53/DA $21,669,904.00 Amount: $184,823,861.90(Option Line Item) 12/20/2029 Product/Service Description: HOUSEKEEPING- GUARD All IDIQ terms and conditions remain the same and flow down to the Task Orders.				0.00

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00006	See Block 16C		

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
70CDLG		ICE/MS-DC	

DETENTION MANAGEMENT - LAGUNA
U.S. Immigration and Customs Enforcement
Office of Acquisition Management
24000 AVILA ROAD, ROOM 3104
Laguna Niguel CA 92677

ICE/Mission Support-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, Suite 900
Attn: Valerie Leonova
Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

GEO GROUP INC THE
ATTN AMBER MARTIN
4955 TECHNOLOGY WAY
BOCA RATON FL 334313367

CODE 6127064650000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

X 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008

10B. DATED *(SEE ITEM 13)* 12/19/2019

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☒ is not. ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

DUNS Number: 612706465
NAICS Code: 561612; PSC: S206

Contracting Officer Representative (COR): Nathan Lindsey at (661) 328-4503 or e-mail at Nathan.R.Lindsey@ice.dhs.gov
Alternative COR: Donna Ore at (916) 329-4326 or e-mail at Donna.Ore@ice.dhs.gov
Contracting Officer: Natasha Nguyen, Natasha.T.Nguyen@ice.dhs.gov (949) 943-7166
Contract Specialist: Valerie Leonova, Valerie.Leonova@ice.dhs.gov (202) 731-4703

Attachment 28 Kern County WD 2015-5603, Revision 16 Date of Last Revision 10/20/2021.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
		NATASHA T. NGUYEN TEL: 949-425-7030 EMAIL: natasha.t.nguyen@ice.dhs.gov	
15B. CONTRACTOR/OFFEROR *(Signature of person authorized to sign)*	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2021.12.08 14:25:59 -08'00' *(Signature of Contracting Officer)*	16C. DATE SIGNED 12/08/2021

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1339 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	The purpose of this modification is to update and replace Department of Labor (DOL) Wage Determination Attachment 28 - Kern County WD 2015-5603, Revision 16 Dated 10-20-20210, effective 12/20/2021, see attached. LIST OF CHANGES: Reason for Modification: Other Administrative Action Total Amount for this Modification: $0.00 Period of Performance: 12/20/2020 to 12/19/2021 In accordance with FAR 52.222-43(f), Fair Labor Standards Act and Service Contract Act - Price Adjustments (Multiple Year and Option Contracts) "The Contractor shall notify the Contracting Officer of any increase claimed under this clause within 30 days after receiving a new wage determination unless this notification period is extended in writing by the Contracting Officer. The Contractor shall promptly notify the Contracting Officer of any decrease under this clause, but nothing in the clause shall preclude the Government from asserting a claim within the period permitted by law. The notice shall contain a statement of the amount claimed and the change in fixed hourly rates (if this is a time-and-materials or labor-hour contract), and any relevant supporting data, including payroll records, that the Contracting Officer may reasonably require. Upon agreement of the parties, the contract price, contract unit price labor rates, or fixed hourly rates shall be modified in writing. The Contractor shall continue performance pending agreement on or determination of any such adjustment and its effective date." Invoice Instructions for ICE - ERO Contracts: See Section G of the Contract Clauses for this Contract for specific invoice instructions. All other terms and conditions remains the same.				

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT
By direction of the Secretary of Labor

Daniel W. Simms
Director

Division of Wage Determinations

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

Wage Determination No.: 2015-5603
Revision No.: 16
Date Of Last Revision: 10/20/2021

Note: Under Executive Order (EO) 13658 an hourly minimum wage of $10.95 for calendar year 2021 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least $10.95 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2021. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: California

Area: California County of Kern

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		16.25
01012 - Accounting Clerk II		18.26
01013 - Accounting Clerk III		20.43
01020 - Administrative Assistant		30.78
01035 - Court Reporter		33.19
01041 - Customer Service Representative I		14.69
01042 - Customer Service Representative II		16.51
01043 - Customer Service Representative III		18.02
01051 - Data Entry Operator I		15.06
01052 - Data Entry Operator II		16.43
01060 - Dispatcher Motor Vehicle		23.10
01070 - Document Preparation Clerk		16.65
01090 - Duplicating Machine Operator		16.65
01111 - General Clerk I		15.52
01112 - General Clerk II		16.93
01113 - General Clerk III		19.01
01120 - Housing Referral Assistant		23.88
01141 - Messenger Courier		17.61
01191 - Order Clerk I		18.12
01192 - Order Clerk II		19.77
01261 - Personnel Assistant (Employment) I		19.13
01262 - Personnel Assistant (Employment) II		21.40
01263 - Personnel Assistant (Employment) III		23.85
01270 - Production Control Clerk		28.50
01290 - Rental Clerk		14.87
01300 - Scheduler Maintenance		19.15
01311 - Secretary I		19.15
01312 - Secretary II		21.42
01313 - Secretary III		23.87

01320 - Service Order Dispatcher	20.60
01410 - Supply Technician	30.78
01420 - Survey Worker	19.98
01460 - Switchboard Operator/Receptionist	14.85
01531 - Travel Clerk I	13.70
01532 - Travel Clerk II	14.37
01533 - Travel Clerk III	15.60
01611 - Word Processor I	16.92
01612 - Word Processor II	19.00
01613 - Word Processor III	20.64
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer Fiberglass	22.66
05010 - Automotive Electrician	22.12
05040 - Automotive Glass Installer	20.19
05070 - Automotive Worker	20.19
05110 - Mobile Equipment Servicer	17.96
05130 - Motor Equipment Metal Mechanic	23.49
05160 - Motor Equipment Metal Worker	20.19
05190 - Motor Vehicle Mechanic	23.49
05220 - Motor Vehicle Mechanic Helper	16.47
05250 - Motor Vehicle Upholstery Worker	19.42
05280 - Motor Vehicle Wrecker	20.19
05310 - Painter Automotive	22.12
05340 - Radiator Repair Specialist	20.19
05370 - Tire Repairer	16.70
05400 - Transmission Repair Specialist	23.49
07000 - Food Preparation And Service Occupations	
07010 - Baker	14.99
07041 - Cook I	15.32
07042 - Cook II	17.73
07070 - Dishwasher	12.93
07130 - Food Service Worker	14.23
07210 - Meat Cutter	15.45
07260 - Waiter/Waitress	13.02
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	20.01
09040 - Furniture Handler	13.81
09080 - Furniture Refinisher	20.01
09090 - Furniture Refinisher Helper	15.02
09110 - Furniture Repairer Minor	17.71
09130 - Upholsterer	20.01
11000 - General Services And Support Occupations	
11030 - Cleaner Vehicles	15.06
11060 - Elevator Operator	15.06
11090 - Gardener	21.46
11122 - Housekeeping Aide	15.99
11150 - Janitor	15.99
11210 - Laborer Grounds Maintenance	16.12
11240 - Maid or Houseman	13.64
11260 - Pruner	15.26
11270 - Tractor Operator	19.68
11330 - Trail Maintenance Worker	16.12
11360 - Window Cleaner	17.39
12000 - Health Occupations	
12010 - Ambulance Driver	18.87
12011 - Breath Alcohol Technician	24.77
12012 - Certified Occupational Therapist Assistant	36.88
12015 - Certified Physical Therapist Assistant	35.20
12020 - Dental Assistant	17.99
12025 - Dental Hygienist	45.22
12030 - EKG Technician	34.51
12035 - Electroneurodiagnostic Technologist	34.51
12040 - Emergency Medical Technician	18.87
12071 - Licensed Practical Nurse I	22.14
12072 - Licensed Practical Nurse II	24.77

12073 - Licensed Practical Nurse II		24.60
12100 - Medical Assistant		16.13
12130 - Medical Laboratory Technician		25.65
12160 - Medical Record Clerk		18.66
12190 - Medical Record Technician		20.87
12195 - Medical Transcriptionist		21.85
12210 - Nuclear Medicine Technologist		53.23
12221 - Nursing Assistant I		13.48
12222 - Nursing Assistant II		15.16
12223 - Nursing Assistant III		16.34
12224 - Nursing Assistant IV		18.57
12235 - Optical Dispenser		17.42
12236 - Optical Technician		22.14
12250 - Pharmacy Technician		20.08
12280 - Phlebotomist		20.22
12305 - Radiologic Technologist		36.58
12311 - Registered Nurse I		25.95
12312 - Registered Nurse II		31.74
12313 - Registered Nurse II Specialist		31.74
12314 - Registered Nurse III		47.87
12315 - Registered Nurse III Anesthetist		47.87
12316 - Registered Nurse IV		46.03
12317 - Scheduler (Drug and Alcohol Testing)		30.67
12320 - Substance Abuse Treatment Counselor		24.23
13000 - Information And Arts Occupations		
13011 - Exhibits Specialist I		24.35
13012 - Exhibits Specialist II		30.20
13013 - Exhibits Specialist III		36.93
13041 - Illustrator I		26.63
13042 - Illustrator II		32.98
13043 - Illustrator III		40.34
13047 - Librarian		36.52
13050 - Library Aide/Clerk		16.13
13054 - Library Information Technology Systems Administrator		32.98
13058 - Library Technician		21.25
13061 - Media Specialist I		23.80
13062 - Media Specialist II		26.63
13063 - Media Specialist III		29.68
13071 - Photographer I		19.80
13072 - Photographer II		22.15
13073 - Photographer III		27.45
13074 - Photographer IV		33.57
13075 - Photographer V		40.61
13090 - Technical Order Library Clerk		20.26
13110 - Video Teleconference Technician		21.51
14000 - Information Technology Occupations		
14041 - Computer Operator I		19.64
14042 - Computer Operator II		22.56
14043 - Computer Operator III		25.14
14044 - Computer Operator IV		27.94
14045 - Computer Operator V		30.94
14071 - Computer Programmer I	(see 1)	
14072 - Computer Programmer II	(see 1)	
14073 - Computer Programmer III	(see 1)	
14074 - Computer Programmer IV	(see 1)	
14101 - Computer Systems Analyst I	(see 1)	
14102 - Computer Systems Analyst II	(see 1)	
14103 - Computer Systems Analyst III	(see 1)	
14150 - Peripheral Equipment Operator		19.64
14160 - Personal Computer Support Technician		27.94
14170 - System Support Specialist		30.94
15000 - Instructional Occupations		
15010 - Aircrew Training Devices Instructor (Non-Rated)		31.76
15020 - Aircrew Training Devices Instructor (Rated)		38.42

15030 - Aircrew Training Devices Instructor (Pilot) 46.06
15050 - Computer Based Training Specialist / Instructor 31.76
15060 - Educational Technologist 39.14
15070 - Flight Instructor (Pilot) 46.06
15080 - Graphic Artist 23.07
15085 - Maintenance Test Pilot Fixed Jet/Prop 46.06
15086 - Maintenance Test Pilot Rotary Wing 46.06
15088 - Non-Maintenance Test/Co-Pilot 46.06
15090 - Technical Instructor 24.78
15095 - Technical Instructor/Course Developer 30.32
15110 - Test Proctor 20.01
15120 - Tutor 20.01
16000 - Laundry Dry-Cleaning Pressing And Related Occupations
16010 - Assembler 15.31
16030 - Counter Attendant 15.31
16040 - Dry Cleaner 17.50
16070 - Finisher Flatwork Machine 15.31
16090 - Presser Hand 15.31
16110 - Presser Machine Drycleaning 15.31
16130 - Presser Machine Shirts 15.31
16160 - Presser Machine Wearing Apparel Laundry 15.31
16190 - Sewing Machine Operator 18.23
16220 - Tailor 18.96
16250 - Washer Machine 16.04
19000 - Machine Tool Operation And Repair Occupations
19010 - Machine-Tool Operator (Tool Room) 27.38
19040 - Tool And Die Maker 33.20
21000 - Materials Handling And Packing Occupations
21020 - Forklift Operator 17.16
21030 - Material Coordinator 28.50
21040 - Material Expediter 28.50
21050 - Material Handling Laborer 16.30
21071 - Order Filler 13.96
21080 - Production Line Worker (Food Processing) 17.16
21110 - Shipping Packer 15.92
21130 - Shipping/Receiving Clerk 15.92
21140 - Store Worker I 15.79
21150 - Stock Clerk 19.04
21210 - Tools And Parts Attendant 17.16
21410 - Warehouse Specialist 17.16
23000 - Mechanics And Maintenance And Repair Occupations
23010 - Aerospace Structural Welder 35.35
23019 - Aircraft Logs and Records Technician 27.59
23021 - Aircraft Mechanic I 33.38
23022 - Aircraft Mechanic II 35.35
23023 - Aircraft Mechanic III 36.74
23040 - Aircraft Mechanic Helper 23.41
23050 - Aircraft Painter 31.45
23060 - Aircraft Servicer 27.59
23070 - Aircraft Survival Flight Equipment Technician 31.45
23080 - Aircraft Worker 29.54
23091 - Aircrew Life Support Equipment (ALSE) Mechanic I 29.54
23092 - Aircrew Life Support Equipment (ALSE) Mechanic II 33.38
23110 - Appliance Mechanic 27.38
23120 - Bicycle Repairer 22.22
23125 - Cable Splicer 40.55
23130 - Carpenter Maintenance 25.15
23140 - Carpet Layer 25.50
23160 - Electrician Maintenance 35.30
23181 - Electronics Technician Maintenance I 30.04
23182 - Electronics Technician Maintenance II 31.96
23183 - Electronics Technician Maintenance III 33.94
23260 - Fabric Worker 24.02

23290 - Fire Alarm System Mechanic	29.03
23310 - Fire Extinguisher Repairer	22.22
23311 - Fuel Distribution System Mechanic	40.26
23312 - Fuel Distribution System Operator	30.78
23370 - General Maintenance Worker	21.27
23380 - Ground Support Equipment Mechanic	33.38
23381 - Ground Support Equipment Servicer	27.59
23382 - Ground Support Equipment Worker	29.54
23391 - Gunsmith I	22.22
23392 - Gunsmith II	25.71
23393 - Gunsmith III	29.06
23410 - Heating Ventilation And Air-Conditioning Mechanic	27.22
23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility)	28.83
23430 - Heavy Equipment Mechanic	26.75
23440 - Heavy Equipment Operator	26.96
23460 - Instrument Mechanic	33.96
23465 - Laboratory/Shelter Mechanic	27.38
23470 - Laborer	16.30
23510 - Locksmith	29.10
23530 - Machinery Maintenance Mechanic	29.46
23550 - Machinist Maintenance	23.12
23580 - Maintenance Trades Helper	15.37
23591 - Metrology Technician I	33.96
23592 - Metrology Technician II	35.96
23593 - Metrology Technician III	37.37
23640 - Millwright	29.06
23710 - Office Appliance Repairer	21.82
23760 - Painter Maintenance	24.42
23790 - Pipefitter Maintenance	29.44
23810 - Plumber Maintenance	27.73
23820 - Pneudraulic Systems Mechanic	29.06
23850 - Rigger	29.06
23870 - Scale Mechanic	25.71
23890 - Sheet-Metal Worker Maintenance	32.24
23910 - Small Engine Mechanic	24.78
23931 - Telecommunications Mechanic I	30.44
23932 - Telecommunications Mechanic II	32.24
23950 - Telephone Lineman	31.01
23960 - Welder Combination Maintenance	25.85
23965 - Well Driller	30.09
23970 - Woodcraft Worker	29.06
23980 - Woodworker	22.22
24000 - Personal Needs Occupations	
24550 - Case Manager	18.73
24570 - Child Care Attendant	14.17
24580 - Child Care Center Clerk	17.67
24610 - Chore Aide	13.07
24620 - Family Readiness And Support Services Coordinator	18.73
24630 - Homemaker	18.73
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	40.06
25040 - Sewage Plant Operator	33.11
25070 - Stationary Engineer	40.06
25190 - Ventilation Equipment Tender	28.09
25210 - Water Treatment Plant Operator	33.11
27000 - Protective Service Occupations	
27004 - Alarm Monitor	24.99
27007 - Baggage Inspector	13.82
27008 - Corrections Officer	43.91
27010 - Court Security Officer	42.20
27030 - Detection Dog Handler	15.46
27040 - Detention Officer	43.91

27070 - Firefighter	42.20
27101 - Guard I	13.82
27102 - Guard II	15.46
27131 - Police Officer I	35.19
27132 - Police Officer II	39.10
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	16.52
28042 - Carnival Equipment Repairer	18.02
28043 - Carnival Worker	13.06
28210 - Gate Attendant/Gate Tender	17.57
28310 - Lifeguard	14.47
28350 - Park Attendant (Aide)	19.64
28510 - Recreation Aide/Health Facility Attendant	14.33
28515 - Recreation Specialist	24.32
28630 - Sports Official	15.63
28690 - Swimming Pool Operator	20.85
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	28.47
29020 - Hatch Tender	28.47
29030 - Line Handler	28.47
29041 - Stevedore I	26.59
29042 - Stevedore II	30.31
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist Center (HFO) (see 2)	46.00
30011 - Air Traffic Control Specialist Station (HFO) (see 2)	31.72
30012 - Air Traffic Control Specialist Terminal (HFO) (see 2)	34.93
30021 - Archeological Technician I	19.91
30022 - Archeological Technician II	26.44
30023 - Archeological Technician III	27.27
30030 - Cartographic Technician	30.50
30040 - Civil Engineering Technician	30.25
30051 - Cryogenic Technician I	29.05
30052 - Cryogenic Technician II	32.09
30061 - Drafter/CAD Operator I	19.91
30062 - Drafter/CAD Operator II	26.44
30063 - Drafter/CAD Operator III	26.80
30064 - Drafter/CAD Operator IV	32.98
30081 - Engineering Technician I	18.74
30082 - Engineering Technician II	21.04
30083 - Engineering Technician III	23.54
30084 - Engineering Technician IV	29.16
30085 - Engineering Technician V	35.67
30086 - Engineering Technician VI	43.15
30090 - Environmental Technician	26.33
30095 - Evidence Control Specialist	26.23
30210 - Laboratory Technician	24.11
30221 - Latent Fingerprint Technician I	28.08
30222 - Latent Fingerprint Technician II	31.02
30240 - Mathematical Technician	27.58
30361 - Paralegal/Legal Assistant I	22.09
30362 - Paralegal/Legal Assistant II	27.36
30363 - Paralegal/Legal Assistant III	33.47
30364 - Paralegal/Legal Assistant IV	40.49
30375 - Petroleum Supply Specialist	32.09
30390 - Photo-Optics Technician	27.58
30395 - Radiation Control Technician	32.09
30461 - Technical Writer I	29.04
30462 - Technical Writer II	35.52
30463 - Technical Writer III	42.97
30491 - Unexploded Ordnance (UXO) Technician I	29.24
30492 - Unexploded Ordnance (UXO) Technician II	35.37
30493 - Unexploded Ordnance (UXO) Technician III	42.40
30494 - Unexploded (UXO) Safety Escort	29.24
30495 - Unexploded (UXO) Sweep Personnel	29.24
30501 - Weather Forecaster I	29.05

30502 - Weather Forecaster II	(see 2)	35.30
30620 - Weather Observer Combined Upper Air Or Surface Programs	(see 2)	26.80
30621 - Weather Observer Senior	(see 2)	27.27
31000 - Transportation/Mobile Equipment Operation Occupations		
31010 - Airplane Pilot		35.37
31020 - Bus Aide		13.48
31030 - Bus Driver		19.18
31043 - Driver Courier		16.82
31260 - Parking and Lot Attendant		14.29
31290 - Shuttle Bus Driver		17.04
31310 - Taxi Driver		17.03
31361 - Truckdriver Light		18.35
31362 - Truckdriver Medium		19.83
31363 - Truckdriver Heavy		20.81
31364 - Truckdriver Tractor-Trailer		20.81
99000 - Miscellaneous Occupations		
99020 - Cabin Safety Specialist		17.25
99030 - Cashier		13.41
99050 - Desk Clerk		13.84
99095 - Embalmer		29.24
99130 - Flight Follower		29.24
99251 - Laboratory Animal Caretaker I		15.93
99252 - Laboratory Animal Caretaker II		17.28
99260 - Marketing Analyst		29.95
99310 - Mortician		29.24
99410 - Pest Controller		17.39
99510 - Photofinishing Worker		15.36
99710 - Recycling Laborer		25.46
99711 - Recycling Specialist		30.78
99730 - Refuse Collector		24.30
99810 - Sales Clerk		14.44
99820 - School Crossing Guard		14.39
99830 - Survey Party Chief		34.63
99831 - Surveying Aide		22.98
99832 - Surveying Technician		31.49
99840 - Vending Machine Attendant		20.39
99841 - Vending Machine Repairer		25.73
99842 - Vending Machine Repairer Helper		20.97

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2017. If this contract is covered by the EO the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness injury or other health-related needs including preventive care; to assist a family member (or person who is like family to the employee) who is ill injured or has other health-related needs including preventive care; or for reasons resulting from or to assist a family member (or person who is like family to the employee) who is the victim of domestic violence sexual assault or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: $4.60 per hour up to 40 hours per week or $184.00 per week or $797.33 per month

HEALTH & WELFARE EO 13706: $4.23 per hour up to 40 hours per week or $169.20 per week or $733.20 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor 3 weeks after 5 years and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of eleven paid holidays per year: New Year's Day Martin Luther King Jr.'s Birthday Washington's Birthday Memorial Day Juneteenth National Independence Day Independence Day Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b) this wage determination does not apply to any employee who individually qualifies as a bona fide executive administrative or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than $27.63 (or on a salary or fee basis at a rate not less than $455 per week) an hour would likely qualify as exempt computer professionals (29 C.F.R. 541. 400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds $27.63 per hour conformances may be necessary for certain nonexempt employees. For example if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally because job titles vary widely and change quickly in the computer industry job titles are not determinative of the application of the computer professional exemption. Therefore the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;

(2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and related to user or system design specifications;

(3) The design documentation testing creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

** HAZARDOUS PAY DIFFERENTIAL **

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of $3.35 per week (or $.67 cents per day). However in those instances where the uniforms furnished are made of ""wash and wear"" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE Standard Form 1444 (SF-1444) **

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are included in a contract a separate SF-1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

1) When preparing the bid the contractor identifies the need for a conformed

occupation(s) and computes a proposed rate(s).

2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.

3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).

4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.

6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the ""Service Contract Act Directory of Occupations"" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1)).

** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS **

The duties of employees under job titles listed are those described in the ""Service Contract Act Directory of Occupations"" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated."

Virtual Attorney Visitation Capability

Virtual Attorney Visitation (VAV) is an established facility protocol that allows attorneys (or legal representatives) to contact the facility and schedule video teleconference (VTC) visitation with their detainee client(s) at least 24 hours in advance of the desired teleconference. The facility plant layout and design shall accommodate virtual attorney visitation. The utilized space/room must be private, allowing for confidential attorney-client conversations, and equipped with video teleconference equipment and/or tablet(s) permitting both visual and audio communications. The room must also have a windowed door or other mechanism that allows detainee observation for safety. While the designated space and equipment can be utilized for other purposes, it is expected that virtual attorney visitation will be made available for at least six (6) hours each day.

Implement Virtual Attorney Visitation

The VAV program utilizes common web conferencing and videoconferencing applications to enable legal representatives to meet with their clients or prospective clients virtually using video technology in private rooms or booths to ensure confidentiality of communications during remote legal visits. Please note VAV does not substitute for in-person meetings, but it does provide an alternative for attorneys to communicate with clients in a timely and efficient manner.

In conjunction with ICE staff, create and implement procedures, in writing, through which legal representatives can utilize an online scheduling system or dedicated email boxes to schedule legal visits or confidential legal calls. Send written procedures to ERO for posting on the facility webpage on ICE.gov.

In conjunction with ICE staff, create and implement procedures, in writing, through which detained individuals and legal representatives may exchange non-confidential messages (such as the use of a dedicated email box). Send written procedures to ERO for posting on the facility webpage on ICE.gov.

In conjunction with ICE staff, create and implement procedures, in writing, through which detained individuals and legal representatives may exchange confidential documents, such as to obtain signatures, via electronic means. Send written procedures to ERO Communications for posting on the facility webpage on ICE.gov.

In conjunction with ICE staff, create a dedicated mailbox for legal representatives to contact case officers and supervisors, submit G28s, and get case updates.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00007	See Block 16C		

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
70CDLG		ICE/MS-DC	

DETENTION MANAGEMENT - LAGUNA
U.S. Immigration and Customs Enforcement
Office of Acquisition Management
24000 AVILA ROAD, ROOM 3104
Laguna Niguel CA 92677

ICE/Mission Support-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, Suite 900
Attn: Valerie Leonova
Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

GEO GROUP INC THE
ATTN AMBER MARTIN
4955 TECHNOLOGY WAY
BOCA RATON FL 334313367

CODE 6127064650000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008

10B. DATED *(SEE ITEM 13)* 12/19/2019

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* Bilateral Modification / FAR 43.103(a)

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

DUNS Number: 612706465
NAICS Code: 561612; PSC: S206

Contracting Officer Representative (COR): Nathan Lindsey at (661) 328-4503 or e-mail at Nathan.R.Lindsey@ice.dhs.gov
Alternative COR: Donna Ore at (916) 329-4326 or e-mail at Donna.Ore@ice.dhs.gov
Contracting Officer: Natasha Nguyen, Natasha.T.Nguyen@ice.dhs.gov (949) 943-7166
Contract Specialist: Valerie Leonova, Valerie.Leonova@ice.dhs.gov (202) 731-4703

The purpose of this modification is to incorporate the attached Virtual Attorney Visitation (VAV) Capability into the contract.
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Amber Martin,Executive Vice President	NATASHA T. NGUYEN TEL: 949-425-7030 EMAIL: natasha.t.nguyen@ice.dhs.gov

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Digitally signed by Amber D. Martin DN: cn=Amber D. Martin, o=The GEO Group, ou, email=amartin@geogroup.com, c=US Date: 2022.01.14 13:35:10 -05'00'	1/14/2022	NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2022.01.18 09:46:12 -08'00'	
(Signature of person authorized to sign)		*(Signature of Contracting Officer)*	

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1353 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	There is no requisition associated with this modification. All funding continues to be obligated at the task order level. . LIST OF CHANGES: Reason for Modification: Other Administrative Action Total Amount for this Modification: $0.00 Period of Performance: 12/20/2020 to 12/19/2024 Invoice Instructions for ICE - ERO Contracts: see Section G of the Contract Clauses for this contract for specific invoice instructions. All other terms and conditions remains the same.				

Virtual Attorney Visitation Capability

Virtual Attorney Visitation (VAV) is an established facility protocol that allows attorneys (or legal representatives) to contact the facility and schedule video teleconference (VTC) visitation with their detainee client(s) at least 24 hours in advance of the desired teleconference. The facility plant layout and design shall accommodate virtual attorney visitation. The utilized space/room must be private, allowing for confidential attorney-client conversations, and equipped with video teleconference equipment and/or tablet(s) permitting both visual and audio communications. The room must also have a windowed door or other mechanism that allows detainee observation for safety. While the designated space and equipment can be utilized for other purposes, it is expected that virtual attorney visitation will be made available for at least six (6) hours each day.

Implement Virtual Attorney Visitation

The VAV program utilizes common web conferencing and videoconferencing applications to enable legal representatives to meet with their clients or prospective clients virtually using video technology in private rooms or booths to ensure confidentiality of communications during remote legal visits. Please note VAV does not substitute for in-person meetings, but it does provide an alternative for attorneys to communicate with clients in a timely and efficient manner.

In conjunction with ICE staff, create and implement procedures, in writing, through which legal representatives can utilize an online scheduling system or dedicated email boxes to schedule legal visits or confidential legal calls. Send written procedures to ERO for posting on the facility webpage on ICE.gov.

In conjunction with ICE staff, create and implement procedures, in writing, through which detained individuals and legal representatives may exchange non-confidential messages (such as the use of a dedicated email box). Send written procedures to ERO for posting on the facility webpage on ICE.gov.

In conjunction with ICE staff, create and implement procedures, in writing, through which detained individuals and legal representatives may exchange confidential documents, such as to obtain signatures, via electronic means. Send written procedures to ERO Communications for posting on the facility webpage on ICE.gov.

In conjunction with ICE staff, create a dedicated mailbox for legal representatives to contact case officers and supervisors, submit G28s, and get case updates.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 11

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00008	See Block 16C	None	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
DETENTION MANAGEMENT - LAGUNA U.S. Immigration and Customs Enforcement Office of Acquisition Management 24000 AVILA ROAD, ROOM 3104 Laguna Niguel CA 92677	70CDLG	ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW Washington DC 20024	ICE/DCR

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*		9A. AMENDMENT OF SOLICITATION NO.
GEO GROUP INC THE ATTN AMBER MARTIN 4955 TECHNOLOGY WAY BOCA RATON FL 334313367	(x)	9B. DATED *(SEE ITEM 11)*
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008
		10B. DATED *(SEE ITEM 13)* 12/19/2019

CODE	6127064650000	FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
All funding continues to be obligated at the task order level

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* Bilateral Modification/FAR 52.222-43 Fair Labor Standards Act and Service Act-Price adjustment

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

DUNS Number: 612706465
Contracting Officer Representative (COR): Nathan Lindsey at (661) 328-4503 or e-mail at Nathan.R.Lindsey@ice.dhs.gov
Alternative COR: Donna Ore at (916) 329-4326 or e-mail at Donna.Ore@ice.dhs.gov
Contracting Officer: Natasha Nguyen, Natasha.T.Nguyen@ice.dhs.gov (949) 943-7166
Contract Specialist: Marlon Grant, marlon.grant@ice.dhs.gov (202)923-9156

The purpose of this bilateral modification is to approved the REA submitted by GEO and change rates for base and two (2) five-year option periods in accordance with FAR 52.222-43 for Mesa Verde, Golden State, and Central Valley Annex Detention Center, effective 12/20/2021 as a result to WD 2015-5603 Revision 16 Dated 10/20/2021.
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
Amber Martin, Executive Vice President	NATASHA T. NGUYEN TEL: 949-425-7030 NN	EMAIL: natasha.t.nguyen@ice.dhs.gov

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Digitally signed by Amber D. Martin DN: cn=Amber D. Martin, o=The GEO Group, ou, email=amartin@geogroup.com, c=US Date: 2022.04.22 14:09:43 -04'00' *(Signature of person authorized to sign)*	4/22/2022	NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2022.04.25 13:55:00 -07'00' *(Signature of Contracting Officer)*	

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1356 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)

1)Change Detention Guaranteed Minimum (GM) Bed Day Rate
2)Change On-Call Stationary/ Transportation Guard Services (Officer Remote Post) Hourly Rate

Rate changes effective date, see below CLINs.

There is no requisition associated with this modification. All funding continues to be obligated at the task order level, if further task orders are issued.

LIST OF CHANGES:
Reason for Modification: Other Administrative Action
Total Amount for this Modification: $19,734,717.25
New Total Amount for this Award: $1,603,571,970.80

CHANGES FOR LINE ITEM NUMBER: 0003 - Mesa Verde Detention Services - Guaranteed Minimum (1 to 320 beds)
Total Amount changed from $98,543,653.73 to $99,627,603.20

CHANGES FOR LINE ITEM NUMBER: 0003A - Golden State Bed Detention Services - Guaranteed Minimum (1-560 beds)
Total Amount changed from $142,720,038.96 to $144,317,286.40

CHANGES FOR LINE ITEM NUMBER: 0003B - Central Valley Detention Services - Guaranteed Minimum (1-560 beds)
Total Amount changed from $142,720,038.96 to $144,403,212.80

CHANGES FOR LINE ITEM NUMBER: 0005 - Mesa Verde On Call Stationary/Transportation Guards
Total Amount changed from $7,789,000.00 to $7,981,000.00

CHANGES FOR LINE ITEM NUMBER: 0005A - Golden State On Call Stationary/Transportation Guards
Total Amount changed from $7,789,000.00 to $7,981,000.00

CHANGES FOR LINE ITEM NUMBER: 0005B - Central Valley On Call Stationary/Transportation Guards
Total Amount changed from $7,789,000.00 to
Continued ...

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1357 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	$7,981,000.00 CHANGES FOR LINE ITEM NUMBER: 1001 - Mesa Verde Detention Services - Guaranteed Minimum (1 to 320 Beds) Total Amount changed from $106,205,490.15 to $107,562,553.60 CHANGES FOR LINE ITEM NUMBER: 1001A - Golden State Detention Services - Guaranteed Minimum (1 to 560 Beds) Total Amount changed from $173,640,247.50 to $176,300,723.20 CHANGES FOR LINE ITEM NUMBER: 1001B - Central Valley Detention Services - Guaranteed Minimum (1 to 560 Beds) Total Amount changed from $173,640,247.50 to $176,443,881.60 CHANGES FOR LINE ITEM NUMBER: 1003 - Mesa Verde On-Call Stationary/Transportation Guard Hours Total Amount changed from $7,789,000.00 to $7,981,000.00 CHANGES FOR LINE ITEM NUMBER: 1003A - Golden State On-Call Stationary/Transportation Guard Hours Total Amount changed from $7,789,000.00 to $7,981,000.00 CHANGES FOR LINE ITEM NUMBER: 1003B - Central Valley On-Call Stationary/Transportation Guard Hours Total Amount changed from $7,789,000.00 to $7,981,000.00 CHANGES FOR LINE ITEM NUMBER: 2001 - Mesa Verde Detention Services - Guaranteed Minimum (1 to 320 Beds) Total Amount changed from $115,208,939.75 to $116,566,003.20 CHANGES FOR LINE ITEM NUMBER: 2001A - Golden State Detention Services - Guaranteed Minimum (1 to 560 Beds) Total Amount changed from $184,823,861.90 to $187,484,337.60 CHANGES FOR LINE ITEM NUMBER: 2001B - Central Continued ...				

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1358 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Valley Detention Services - Guaranteed Minimum (1 to 560 Beds) Total Amount changed from $184,823,861.90 to $187,627,496.00 CHANGES FOR LINE ITEM NUMBER: 2003 - Mesa Verde On-Call Stationary / Transportation Guard Hours Total Amount changed from $7,789,000.00 to $7,981,000.00 CHANGES FOR LINE ITEM NUMBER: 2003A - Golden State On-Call Stationary / Transportation Guard Hours Total Amount changed from $7,789,000.00 to $7,981,000.00 CHANGES FOR LINE ITEM NUMBER: 2003B - Central Valley On-Call Stationary / Transportation Guard Hours Total Amount changed from $7,789,000.00 to $7,981,000.00 Period of Performance: 12/20/2019 to 12/19/2024 Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	Mesa Verde Detention Services - Guaranteed Minimum (1 to 320 beds) Base Ordering Period - Unit of Issue DA is equivalent to Bed-Day Periods of Performance and Rate: 12/20/2019 to 12/19/2020 (117,120 Beds) Rate: $165.68/DA; Not-to-Exceed (NTE) $19,404,441.60 12/20/2020 to 12/19/2021 (116,800 Beds) Rate: $166.18/DA; NTE $19,409,824.00 12/20/2021 to 12/19/2022 (116,800 Beds) Rate: $170.87/DA; NTE $19,957,616.00 12/20/2022 to 12/19/2023 (116,800 Beds) Rate: $173.33/DA; NTE $20,244,944.00 12/20/2023 to 12/19/2024 (117,120 Beds) Rate: $175.98/DA; NTE $20,610,777.60 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0003A to read as follows(amount shown is the obligated amount): Continued ...				99,627,603.20

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1359 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0003A	Golden State Bed Detention Services - Guaranteed Minimum (1-560 beds) Base Ordering Period - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 09/06/2020-12/19/2020 (68,320 Beds) Rate: $157.00/DA; Not-to-Exceed (NTE) $10,726,240.00 12/20/2020-12/19/2021 (204,400 Beds) Rate: $158.71/DA NTE $32,440,324.00 12/20/2021-12/19/2022 (204,400 Beds) Rate: $163.01/DA NTE $33,319,244.00 12/20/2022-12/19/2023 (204,400 Beds) Rate: $164.76/DA NTE $33,676,944.00 12/20/2023-12/19/2024 (204,960 Beds) Rate: $166.64/DA NTE $34,154,534.40 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0003B to read as follows(amount shown is the obligated amount):				144,317,286.40
0003B	Central Valley Detention Services - Guaranteed Minimum (1-560 beds) Base Ordering Period- Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 08/20/2019-12/19/2020 (68,320 Beds) Rate: $157.00/DA; Not-to-Exceed (NTE) $10,726,240.00 12/20/2020-12/19/2021 (204,400 Beds) Rate: $158.71/DA $32,440,324.00 12/20/2021-12/19/2022 (204,400 Beds) Rate: $163.15/DA $33,347,860.00 12/20/2022-12/19/2023 (204,400 Beds) Rate: $164.90/DA $33,705,560.00 12/20/2023-12/19/2024 (204,960 Beds) Rate: $166.78/DA $34,183,228.80 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0005 to read as follows(amount shown is the obligated amount):				144,403,212.80
0005	Mesa Verde On Call Stationary/Transportation Guards Continued ...				7,981,000.00

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1360 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Hourly Rate: $79.81 NTE Amount: 100,000 hours per year Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0005A to read as follows(amount shown is the obligated amount):				
0005A	Golden State On Call Stationary/Transportation Guards Hourly Rate: $79.81 NTE Amount: 100,000 hours per year Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0005B to read as follows(amount shown is the obligated amount):				7,981,000.00
0005B	Central Valley On Call Stationary/Transportation Guards Hourly Rate: $79.81 NTE Amount: 100,000 hours per year Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1001 to read as follows(amount shown is the obligated amount):				7,981,000.00
1001	Mesa Verde Detention Services - Guaranteed Minimum (1 to 320 Beds) Option Ordering Period 1 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2024 to 12/19/2025 (116,800 Beds) Rate: $178.47/DA; Not-to-Exceed (NTE) $20,845,296.00 12/20/2025 to 12/19/2026 (116,800 Beds) Rate: $181.17/DA; NTE $21,160,656.00 12/20/2026 to 12/19/2027 (116,800 Beds) Rate: $183.96/DA; NTE $21,486,528.00 12/20/2027 to 12/19/2028 (117,120 Beds) Rate: $186.98/DA; NTE $21,899,097.60 12/20/2028 to 12/19/2029 (116,800 Beds) Rate: $189.82/DA; NTE $22,170.976.00 Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Amount: $107,562,553.60(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1001A to read as follows(amount shown is the obligated amount):				
1001A	Golden State Detention Services - Guaranteed Minimum (1 to 560 Beds) Option Ordering Period 1 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2024 to 12/19/2025 (204,400 Beds) Rate: $168.42/DA; Not-to-Exceed (NTE) $34,425,048.00 12/20/2025 to 12/19/2026 (204,400 Beds) Rate: $170.34/DA; NTE $34,817,496.00 12/20/2026 to 12/19/2027 (204,400 Beds) Rate: $172.33/DA; NTE $35,224,252.00 12/20/2027 to 12/19/2028 (204,960 Beds) Rate: $174.47/DA; NTE $35,759,371.20 12/20/2028 to 12/19/2029 (204,400 Beds) Rate: $176.49/DA; NTE $36,074,556.00 Amount: $176,300,723.20(Option Line Item) 12/19/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1001B to read as follows(amount shown is the obligated amount):				0.00
1001B	Central Valley Detention Services - Guaranteed Minimum (1 to 560 Beds) Option Ordering Period 1 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2024 to 12/19/2025 (204,400 Beds) Rate: $168.56/DA; Not-to-Exceed (NTE) $34,453,664.00 12/20/2025 to 12/19/2026 (204,400 Beds) Rate: $170.48/DA; NTE $34,846,112.00 12/20/2026 to 12/19/2027 (204,400 Beds) Rate: $172.47/DA; NTE $35,252,868.00 12/20/2027 to 12/19/2028 (204,960 Beds) Rate: $174.61/DA; NTE $35,788,065.60 12/20/2028 to 12/19/2029 (204,400 Beds) Rate: $176.63/DA; NTE $36,103,172.00 Continued ...				0.00

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1362 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Amount: $176,443,881.60(Option Line Item) 12/19/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1003 to read as follows(amount shown is the obligated amount):				
1003	Mesa Verde On-Call Stationary/Transportation Guard Hours Hourly Rate: $79.81 NTE: 100,000 hours per year Amount: $7,981,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1003A to read as follows(amount shown is the obligated amount):				0.00
1003A	Golden State On-Call Stationary/Transportation Guard Hours Hourly Rate: $79.81 NTE: 100,000 hours per year Amount: $7,981,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1003B to read as follows(amount shown is the obligated amount):				0.00
1003B	Central Valley On-Call Stationary/Transportation Guard Hours Hourly Rate: $79.81 NTE: 100,000 hours per year Amount: $7,981,000.00(Option Line Item) 12/20/2024 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2001 to read as follows(amount shown is the obligated amount):				0.00
2001	Mesa Verde Detention Services - Guaranteed Minimum (1 to 320 Beds) Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Option Ordering Period 2 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2029 to 12/19/2030 (116,800 Beds) Rate: $192.90/DA; Not-to-Exceed (NTE) $22,530,720.00 12/20/2030 to 12/19/2031 (116,800 Beds) Rate: $196.07/DA; $22,900,976.00 12/20/2031 to 12/19/2032 (117,120 Beds) Rate: $199.51/DA $23,366,611.20 12/20/2032 to 12/19/2033 (116,800 Beds) Rate: $202.74/DA $23,680,032.00 12/20/2033 to 12/19/2034 (116,800 Beds) Rate: $206.23/DA $24,087,664.00 Amount: $116,566,003.20(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2001A to read as follows(amount shown is the obligated amount):				
2001A	Golden State Detention Services - Guaranteed Minimum (1 to 560 Beds) Option Ordering Period 2 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2029 to 12/19/2030 (204,400 Beds) Rate: $178.67 DA/; Not-to-Exceed (NTE) $36,520,148.00 12/20/2030 to 12/19/2031 (204,400 Beds) Rate: $180.93/DA; NTE $36,982,092.00 12/20/2031 to 12/19/2032 (204,960 Beds) Rate: $183.36/DA; NTE $37,581,465.60 12/20/2032 to 12/19/2033 (204,400 Beds) Rate: $185.65/DA; NTE $37,946,860.00 12/20/2033 to 12/19/2034 (204,400 Beds) Rate: $188.13/DA; NTE $38,453,772.00 Amount: $187,484,337.60(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2001B to read as follows(amount shown is the obligated amount):				0.00
2001B	Central Valley Detention Services - Guaranteed Minimum (1 to 560 Beds) Continued ...				0.00

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1364 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Option Ordering Period 2 - Unit of Issue DA is equivalent to Bed-Day Ordering Period and Bed Day Rates: 12/20/2029 to 12/19/2030 (204,400 Beds) Rate: $178.81/DA; Not-to-Exceed (NTE) $36,584,764.00 12/20/2030 to 12/19/2031 (204,400 Beds) Rate: $181.07/DA $37,010,708.00 12/20/2031 to 12/19/2032 (204,960 Beds) Rate: $183.50/DA $37,610,160.00 12/20/2032 to 12/19/2033 (204,400 Beds) Rate: $185.79/DA $37,975,476.00 12/20/2033 to 12/19/2034 (204,400 Beds) Rate: $188.27/DA $38,482,388.00 Amount: $187,627,496.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 2003 to read as follows(amount shown is the obligated amount):				
2003	Mesa Verde On-Call Stationary / Transportation Guard Hours Hourly Rate: $79.81 per hour NTE: 100,000 hours Amount: $7,981,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
	Change Item 2003A to read as follows(amount shown is the obligated amount):				
2003A	Golden State On-Call Stationary / Transportation Guard Hours Hourly Rate: $79.81 NTE: 100,000 hours per year Amount: $7,981,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
	Change Item 2003B to read as follows(amount shown is the obligated amount):				
2003B	Central Valley On-Call Stationary / Continued ...				0.00

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1365 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Transportation Guard Hours Hourly Rate: $79.81 per hour NTE: 100,000 hours per year Amount: $7,981,000.00(Option Line Item) 12/20/2029 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD All other terms and conditions remains the same.				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00009	See Block 16C	N/A	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024	70CDCR	ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW Washington DC 20024	ICE/DCR

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

GEO GROUP INC THE
ATTN AMBER MARTIN
4955 TECHNOLOGY WAY
BOCA RATON FL 334313367

CODE JMLKZZ1NL2Z6 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008

10B. DATED *(SEE ITEM 13)* 12/19/2019

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* Bilateral Modification / FAR 43.103(a)

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Contracting Officer Representative (COR): Nathan Lindsey at (661) 328-4503 or e-mail at Nathan.R.Lindsey@ice.dhs.gov
Alternative COR: Donna Ore at (916) 329-4326 or e-mail at Donna.Ore@ice.dhs.gov Contracting Officer: Natasha Nguyen, Natasha.T.Nguyen@ice.dhs.gov (949) 943-7166

The purpose of this bilateral agreement is to incorporate attached Golden State Staffing Plan, change nursing staff to 12-hour shifts.

This is a no cost modification and there is no requisition associated with this modification.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Amber Matin, Executive Vice President	NATASHA T. NGUYEN TEL: (949) 943-7166 EMAIL: natasha.t.nguyen@ice.dhs.gov

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)	12/1/2022	NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2022.12.07 14:24:28 -08'00' *(Signature of Contracting Officer)*	

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1367 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	All funding continues to be obligated at the task order level. Invoice Instructions for ICE - ERO Contracts: See Section G of the Contract Clauses for this Contract for specific invoice instructions. LIST OF CHANGES: Reason for Modification: Other Administrative Action Total Amount for this Modification: $0.00 New Total Amount for this Award: $0.00 Period of Performance: 12/20/2019 to 12/19/2024 All other terms and conditions remains the same.				

The GEO Group, Inc.

GOLDEN STATE ANNEX

MCFARLAND, CALIFORNIA

700 BEDS - ICE

Executive Office

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Facility Administrator	1.00				1.00	1.00
Assistant Facility Administrator	1.00				1.00	1.00
HR Manager	1.00				1.00	1.00
Compliance Administrator	1.00				1.00	1.00
PREA Administrator/Grievance/Disability Coordinator	1.00				1.00	1.00
Training Administrator	1.00				1.00	1.00
Fire & Safety Manager	1.00				1.00	1.00
Wage Determination						
Executive Secretary	1.00				1.00	1.00
Executive Sub Total	8.00	0.00	0.00	0.00		8.00

Business/Support

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Business Manager	1.00				1.00	1.00
Wage Determination						
Computer Support Technician	1.00				1.00	1.00
HR Specialist	1.00				1.00	1.00
Bookkeeper	1.00				1.00	1.00
Detainee Banking Clerk	1.00				1.00	1.00
Accounts Payable/Payroll Clerk	1.00				1.00	1.00
Mailroom Clerk	2.00				1.00	2.00
Warehouse Clerk	1.00				1.00	1.00
Receptionist	1.00				1.00	1.00
Janitor	2.00				1.00	2.00
Contract Commissary						
Business/Support Sub Total	12.00	0.00	0.00	0.00		12.00

Maintenance

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Wage Determination						
Facility Maintenance Manager	1.00				1.00	1.00
General Maint Tech	2.00				1.00	2.00
Maintenance Sub Total	3.00	0.00	0.00	0.00		3.00

The GEO Group, Inc.

GOLDEN STATE ANNEX

MCFARLAND, CALIFORNIA

700 BEDS - ICE

Food Service

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Food Service Manager	1.00				1.00	1.00
Wage Determination						
Cook		2.50	2.50		1.60	8.00
Food Serv/Maintenance-Accounting Clerk	1.00				1.00	1.00
Food Service Sub-Total	2.00	2.50	2.50	0.00		10.00

Health Services

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Health Services Administrator	1.00				1.00	1.00
Director of Nursing - RN	1.00				1.00	1.00
Administrative Assistant	1.00				1.00	1.00
Nurse Practitioner/PA	2.00				1.00	2.00
Registered Nurse II (IDC) (CC)	1.00				1.00	1.00
Registered Nurse II (12 Hour Shifts)		2.00	1.00		2.25	6.75
Licensed Vocational Nurse III (12 Hour Shifts)		2.00	1.00		2.25	6.75
Medical Records Clerk	2.00				1.00	2.00
Physician	1.00				1.00	1.00
Psychologist	1.00				1.00	1.00
Dentist	0.50				1.00	0.50
Dental Technician	0.50				1.00	0.50
Psychiatrist	0.30				1.00	0.30
Health Services Sub Total	11.30	4.00	2.00	0.00		24.80

Programs

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Programs/Volunteers Coordinator	1.00				1.00	1.00
Chaplain	1.00				1.00	1.00
Wage Determination						
Classification / Case Manager	2.00				1.00	2.00
Records Clerk	2.00				1.00	2.00
Library Technician	1.00				1.00	1.00
Recreation Specialist	1.00				1.00	1.00
Programs Sub Total	8.00	0.00	0.00	0.00		8.00

The GEO Group, Inc.

GOLDEN STATE ANNEX

MCFARLAND, CALIFORNIA

700 BEDS - ICE

Security Supervisors

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Supervisory Detention Captain (Chief of Security)	1.00				1.00	1.00
Administrative Lieutenant / Transport Lieutenant	2.00				1.00	2.00
Intake Lt	1.00				1.00	1.00
Supervisory Detention Shift Lieutenant		1.00	1.00	1.00	1.67	5.00
Wage Determination						
Security / Transport Clerk	2.00				1.00	2.00
Armory/Locksmith Officer	1.00				1.00	1.00
Security Supervisors Sub-Total	7.00	1.00	1.00	1.00		12.00

Detention Officers

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Wage Determination						
Central Control		2.00	2.00	1.00	1.73	8.66
Perimeter Patrol		1.00	1.00	1.00	1.73	5.20
Housing Control A					1.73	0.00
Housing A		4.00	4.00	4.00	1.73	20.78
Housing Control B					1.73	0.00
Housing B		4.00	4.00	4.00	1.73	20.78
RHU		2.00	2.00	1.00	1.73	8.66
Intake / Release		2.00	2.00	1.00	1.73	8.66
Medical		1.00	1.00	1.00	1.73	5.20
Recreation		2.00	2.00		1.73	6.93
Escort / Utility		3.00	2.00	2.00	1.73	12.12
Visitation		2.00			1.73	3.46
Laundry		1.00			1.20	1.20
Property	1.00				1.20	1.20
Programs	1.00				1.20	1.20
Front Desk		1.00	1.00		1.60	3.20
Kitchen		1.00	1.00		1.73	3.46
VTC / Bailiff	2.00				1.20	2.40
Medical Escort Officer	4.00				1.73	6.93
rounding						(0.05)
Officers Sub-Total	8.00	26.00	22.00	15.00		120.00

Transportation - GTI

	NonShift	Shift 1	Shift 2	Shift 3	Relief	FTE
Wage Determination						
GTI Sub Total	0.00	0.00	0.00	0.00		0.00

The GEO Group, Inc.

GOLDEN STATE ANNEX

MCFARLAND, CALIFORNIA

700 BEDS - ICE

TOTAL CONTRACTED

Executive Office		**8.00**	**0.00**	**0.00**	**0.00**	**8.00**
Business/Support		**12.00**	**0.00**	**0.00**	**0.00**	**12.00**
Maintenance		**3.00**	**0.00**	**0.00**	**0.00**	**3.00**
Health Services		**11.30**	**4.00**	**2.00**	**0.00**	**24.80**
Programs		**8.00**	**0.00**	**0.00**	**0.00**	**8.00**
Food Service		**2.00**	**2.50**	**2.50**	**0.00**	**10.00**
Security Supervisors		**7.00**	**1.00**	**1.00**	**1.00**	**12.00**
Detention Officers		**8.00**	**26.00**	**22.00**	**15.00**	**120.00**
Transportation		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
	TOTAL STAFF	**59.30**	**33.50**	**27.50**	**16.00**	**197.80**

ABOVE & BEYOND

Currently N/A

Sub-Total		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

TOTAL ABOVE AND BEYOND

	Non Shift	Shift1	Shift 2	Shift 3	Relief	FTE
	0.00	0.00	0.00	0.00		0.00
Total Staff	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

TOTAL GEO AUTHORIZED

	Non Shift	Shift1	Shift 2	Shift 3	Relief	FTE
Executive Office	8.00	0.00	0.00	0.00		8.00
Business/Support	12.00	0.00	0.00	0.00		12.00
Maintenance	3.00	0.00	0.00	0.00		3.00
Health Services	11.30	4.00	2.00	0.00		24.80
Programs	8.00	0.00	0.00	0.00		8.00
Food Service	2.00	2.50	2.50	0.00		10.00
Security Supervisors	7.00	1.00	1.00	1.00		12.00
Detention Officers	8.00	26.00	22.00	15.00		120.00
Transportation	0.00	0.00	0.00	0.00		0.00
Total Staff	**59.30**	**33.50**	**27.50**	**16.00**		**197.80**

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00010	See Block 16C	N/A	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
70CDCR		ICE/DCR	

DETENTION COMPLIANCE AND REMOVALS
U.S. Immigration and Customs Enforcement
Office of Acquisition Management
500 12th St SW
WASHINGTON DC 20024

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
500 12th St SW
Washington DC 20024

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

GEO GROUP INC THE
ATTN AMBER MARTIN
4955 TECHNOLOGY WAY
BOCA RATON FL 334313367

CODE JMLKZZ1NL2Z6 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000008

10B. DATED *(SEE ITEM 13)* 12/19/2019

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted ; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* Bilateral Modification / FAR 43.103(a)- Types of contract modifications

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Contracting Officer Representative (COR): Nathan Lindsey at (661) 328-4503 or e-mail at Nathan.R.Lindsey@ice.dhs.gov
Alternative COR: Donna Ore at (916) 329-4326 or e-mail at Donna.Ore@ice.dhs.gov Contracting Officer: Natasha Nguyen, Natasha.T.Nguyen@ice.dhs.gov (949) 943-7166

Attachment 28 – Kern WD 2015-5603 Revision No. 20 Date of Last Revision: 06/27/2022

The purpose of this modification as follows:

A) Update and replace Department of Labor (DOL) Wage Determination (WD), Attachment 28 –Kern WD 2015-5603 Revision 20, Dated 06/27/2022, effective 12/20/2022, see attached. Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Amber Martin, Vice President - Contract Administration	NATASHA T. NGUYEN nn TEL: (949) 943-7166 EMAIL: natasha.t.nguyen@ice.dhs.gov

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)	12/15/2022	NATASHA T NGUYEN Digitally signed by NATASHA T NGUYEN Date: 2022.12.15 13:51:02 -08'00' *(Signature of Contracting Officer)*	

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1373 of 1402

NAME OF OFFEROR OR CONTRACTOR
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	B) Incorporate Transgender Care Memo, see attached. This is a no cost modification and there is no requisition associated with this modification. All funding continues to be obligated at the task order level. In accordance with FAR 52.222-43(f), Fair Labor Standards Act and Service Contract Act – Price Adjustments (Multiple Year and Option Contracts) "The Contractor shall notify the Contracting Officer of any increase claimed under this clause within 30 days after receiving a new wage determination unless this notification period is extended in writing by the Contracting Officer. The Contractor shall promptly notify the Contracting Officer of any decrease under this clause, but nothing in the clause shall preclude the Government from asserting a claim within the period permitted by law. The notice shall contain a statement of the amount claimed and the change in fixed hourly rates (if this is a time-and-materials or labor-hour contract), and any relevant supporting data, including payroll records, that the Contracting Officer may reasonably require. Upon agreement of the parties, the contract price, contract unit price labor rates, or fixed hourly rates shall be modified in writing. The Contractor shall continue performance pending agreement on or determination of any such adjustment and its effective date." Invoice Instructions for ICE – ERO Contracts: See Section G of the Contract Clauses for this Contract for specific invoice instructions. LIST OF CHANGES: Reason for Modification: Other Administrative Action Total Amount for this Modification: $0.00 Period of Performance: 12/20/2019 to 12/19/2024 All other terms and conditions remains the same.				

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1374 of 1402

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT
By direction of the Secretary of Labor

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

Wage Determination No.: 2015-5603
Revision No.: 20
Date Of Last Revision: 06/27/2022

Daniel W. Simms
Director

Division of
Wage Determinations

Note: Contracts subject to the Service Contract Act are generally required to pay at least the applicable minimum wage rate required under Executive Order 14026 or Executive Order 13658.

If the contract is entered into on or after January 30 2022 or the contract is renewed or extended (e.g. an option is exercised) on or after January 30 2022:	With certain exceptions Executive Order 14026 applies to the contract. The contractor must pay all covered workers at least $15.00 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in 2022.
If the contract is entered into on or after January 30 2022 or the 2022 and the contract is not renewed or extended on or after January 30 2022:	With certain exceptions Executive Order 13658 applies to the contract. The contractor must pay all covered workers at least $11.25 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in 2022.

The applicable Executive Order minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the Executive Orders is available at https://www.dol.gov/agencies/whd/government-contracts.

State: California

Area: California County of Kern

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		17.39
01012 - Accounting Clerk II		19.51
01013 - Accounting Clerk III		21.83
01020 - Administrative Assistant		30.78
01035 - Court Reporter		36.51
01041 - Customer Service Representative I		16.05
01042 - Customer Service Representative II		17.51
01043 - Customer Service Representative III		19.65
01051 - Data Entry Operator I		15.60
01052 - Data Entry Operator II		17.02
01060 - Dispatcher Motor Vehicle		23.10
01070 - Document Preparation Clerk		18.12
01090 - Duplicating Machine Operator		18.12
01111 - General Clerk I		16.11
01112 - General Clerk II		17.58
01113 - General Clerk III		19.73

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1375 of 1402

01120 - Housing Referral Assistant	17.80
01141 - Messenger Courier	17.61
01191 - Order Clerk I	18.12
01192 - Order Clerk II	19.77
01261 - Personnel Assistant (Employment) I	19.13
01262 - Personnel Assistant (Employment) II	21.40
01263 - Personnel Assistant (Employment) III	23.85
01270 - Production Control Clerk	28.50
01290 - Rental Clerk	16.30
01300 - Scheduler Maintenance	19.15
01311 - Secretary I	19.15
01312 - Secretary II	21.42
01313 - Secretary III	23.87
01320 - Service Order Dispatcher	20.65
01410 - Supply Technician	30.78
01420 - Survey Worker	20.46
01460 - Switchboard Operator/Receptionist	14.85***
01531 - Travel Clerk I	14.23***
01532 - Travel Clerk II	14.95***
01533 - Travel Clerk III	16.15
01611 - Word Processor I	16.92
01612 - Word Processor II	19.00
01613 - Word Processor III	20.64
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer Fiberglass	24.93
05010 - Automotive Electrician	22.12
05040 - Automotive Glass Installer	20.19
05070 - Automotive Worker	20.19
05110 - Mobile Equipment Servicer	17.96
05130 - Motor Equipment Metal Mechanic	23.49
05160 - Motor Equipment Metal Worker	20.19
05190 - Motor Vehicle Mechanic	23.49
05220 - Motor Vehicle Mechanic Helper	16.47
05250 - Motor Vehicle Upholstery Worker	19.42
05280 - Motor Vehicle Wrecker	20.19
05310 - Painter Automotive	22.12
05340 - Radiator Repair Specialist	20.19
05370 - Tire Repairer	16.91
05400 - Transmission Repair Specialist	23.49
07000 - Food Preparation And Service Occupations	
07010 - Baker	15.93
07041 - Cook I	16.51
07042 - Cook II	19.11
07070 - Dishwasher	14.00***
07130 - Food Service Worker	14.31***
07210 - Meat Cutter	16.98
07260 - Waiter/Waitress	14.00***
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	20.01
09040 - Furniture Handler	13.81***
09080 - Furniture Refinisher	20.01
09090 - Furniture Refinisher Helper	15.02
09110 - Furniture Repairer Minor	17.71
09130 - Upholsterer	20.01
11000 - General Services And Support Occupations	
11030 - Cleaner Vehicles	15.06
11060 - Elevator Operator	15.06
11090 - Gardener	22.58
11122 - Housekeeping Aide	15.99
11150 - Janitor	15.99
11210 - Laborer Grounds Maintenance	17.15
11240 - Maid or Houseman	14.25***
11260 - Pruner	16.37
11270 - Tractor Operator	20.70
11330 - Trail Maintenance Worker	17.15

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1376 of 1402

11360 - Window Cleaner	17.39
12000 - Health Occupations	
12010 - Ambulance Driver	18.87
12011 - Breath Alcohol Technician	25.71
12012 - Certified Occupational Therapist Assistant	36.88
12015 - Certified Physical Therapist Assistant	36.83
12020 - Dental Assistant	18.03
12025 - Dental Hygienist	46.93
12030 - EKG Technician	37.96
12035 - Electroneurodiagnostic Technologist	37.96
12040 - Emergency Medical Technician	18.87
12071 - Licensed Practical Nurse I	22.98
12072 - Licensed Practical Nurse II	25.71
12073 - Licensed Practical Nurse III	28.66
12100 - Medical Assistant	17.62
12130 - Medical Laboratory Technician	25.65
12160 - Medical Record Clerk	20.20
12190 - Medical Record Technician	22.60
12195 - Medical Transcriptionist	21.85
12210 - Nuclear Medicine Technologist	53.23
12221 - Nursing Assistant I	13.83***
12222 - Nursing Assistant II	15.54
12223 - Nursing Assistant III	16.96
12224 - Nursing Assistant IV	19.03
12235 - Optical Dispenser	17.95
12236 - Optical Technician	22.98
12250 - Pharmacy Technician	21.38
12280 - Phlebotomist	20.22
12305 - Radiologic Technologist	37.12
12311 - Registered Nurse I	27.16
12312 - Registered Nurse II	33.22
12313 - Registered Nurse II Specialist	33.22
12314 - Registered Nurse III	40.20
12315 - Registered Nurse III Anesthetist	40.20
12316 - Registered Nurse IV	48.18
12317 - Scheduler (Drug and Alcohol Testing)	31.85
12320 - Substance Abuse Treatment Counselor	24.23
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	24.35
13012 - Exhibits Specialist II	30.20
13013 - Exhibits Specialist III	36.93
13041 - Illustrator I	26.63
13042 - Illustrator II	32.98
13043 - Illustrator III	40.34
13047 - Librarian	36.52
13050 - Library Aide/Clerk	17.68
13054 - Library Information Technology Systems Administrator	32.98
13058 - Library Technician	21.25
13061 - Media Specialist I	23.80
13062 - Media Specialist II	26.63
13063 - Media Specialist III	29.68
13071 - Photographer I	19.80
13072 - Photographer II	22.15
13073 - Photographer III	27.45
13074 - Photographer IV	33.57
13075 - Photographer V	40.61
13090 - Technical Order Library Clerk	22.20
13110 - Video Teleconference Technician	22.15
14000 - Information Technology Occupations	
14041 - Computer Operator I	19.64
14042 - Computer Operator II	22.56
14043 - Computer Operator III	25.14
14044 - Computer Operator IV	27.94
14045 - Computer Operator V	30.94

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1377 of 1402

14071 - Computer Programmer I	(see 1)	
14072 - Computer Programmer II	(see 1)	
14073 - Computer Programmer III	(see 1)	
14074 - Computer Programmer IV	(see 1)	
14101 - Computer Systems Analyst I	(see 1)	
14102 - Computer Systems Analyst II	(see 1)	
14103 - Computer Systems Analyst III	(see 1)	
14150 - Peripheral Equipment Operator		19.64
14160 - Personal Computer Support Technician		27.94
14170 - System Support Specialist		30.94
15000 - Instructional Occupations		
15010 - Aircrew Training Devices Instructor (Non-Rated)		31.85
15020 - Aircrew Training Devices Instructor (Rated)		38.53
15030 - Air Crew Training Devices Instructor (Pilot)		46.19
15050 - Computer Based Training Specialist / Instructor		31.85
15060 - Educational Technologist		39.14
15070 - Flight Instructor (Pilot)		46.19
15080 - Graphic Artist		25.15
15085 - Maintenance Test Pilot Fixed Jet/Prop		46.19
15086 - Maintenance Test Pilot Rotary Wing		46.19
15088 - Non-Maintenance Test/Co-Pilot		46.19
15090 - Technical Instructor		24.78
15095 - Technical Instructor/Course Developer		30.32
15110 - Test Proctor		20.01
15120 - Tutor		20.01
16000 - Laundry Dry-Cleaning Pressing And Related Occupations		
16010 - Assembler		16.41
16030 - Counter Attendant		16.41
16040 - Dry Cleaner		18.75
16070 - Finisher Flatwork Machine		16.41
16090 - Presser Hand		16.41
16110 - Presser Machine Drycleaning		16.41
16130 - Presser Machine Shirts		16.41
16160 - Presser Machine Wearing Apparel Laundry		16.41
16190 - Sewing Machine Operator		19.53
16220 - Tailor		20.31
16250 - Washer Machine		17.19
19000 - Machine Tool Operation And Repair Occupations		
19010 - Machine-Tool Operator (Tool Room)		29.86
19040 - Tool And Die Maker		36.19
21000 - Materials Handling And Packing Occupations		
21020 - Forklift Operator		17.89
21030 - Material Coordinator		28.50
21040 - Material Expediter		28.50
21050 - Material Handling Laborer		17.93
21071 - Order Filler		14.56***
21080 - Production Line Worker (Food Processing)		17.89
21110 - Shipping Packer		17.48
21130 - Shipping/Receiving Clerk		17.48
21140 - Store Worker I		16.29
21150 - Stock Clerk		19.64
21210 - Tools And Parts Attendant		17.89
21410 - Warehouse Specialist		17.89
23000 - Mechanics And Maintenance And Repair Occupations		
23010 - Aerospace Structural Welder		37.68
23019 - Aircraft Logs and Records Technician		29.40
23021 - Aircraft Mechanic I		35.57
23022 - Aircraft Mechanic II		37.68
23023 - Aircraft Mechanic III		39.14
23040 - Aircraft Mechanic Helper		24.94
23050 - Aircraft Painter		33.51
23060 - Aircraft Servicer		29.40
23070 - Aircraft Survival Flight Equipment Technician		33.51
23080 - Aircraft Worker		31.48
23091 - Aircrew Life Support Equipment (ALSE) Mechanic		31.48

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23092 - Aircrew Life Support Equipment (ALSE) Mechanic II	35.57
23110 - Appliance Mechanic	29.86
23120 - Bicycle Repairer	22.22
23125 - Cable Splicer	44.61
23130 - Carpenter Maintenance	27.53
23140 - Carpet Layer	28.05
23160 - Electrician Maintenance	35.30
23181 - Electronics Technician Maintenance I	30.34
23182 - Electronics Technician Maintenance II	32.30
23183 - Electronics Technician Maintenance III	34.29
23260 - Fabric Worker	26.20
23290 - Fire Alarm System Mechanic	23.03
23310 - Fire Extinguisher Repairer	24.24
23311 - Fuel Distribution System Mechanic	40.26
23312 - Fuel Distribution System Operator	30.78
23370 - General Maintenance Worker	21.92
23380 - Ground Support Equipment Mechanic	35.57
23381 - Ground Support Equipment Servicer	29.40
23382 - Ground Support Equipment Worker	31.48
23391 - Gunsmith I	24.24
23392 - Gunsmith II	28.05
23393 - Gunsmith III	31.69
23410 - Heating Ventilation And Air-Conditioning Mechanic	27.22
23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility)	28.83
23430 - Heavy Equipment Mechanic	28.51
23440 - Heavy Equipment Operator	28.78
23460 - Instrument Mechanic	33.96
23465 - Laboratory/Shelter Mechanic	29.86
23470 - Laborer	17.93
23510 - Locksmith	29.86
23530 - Machinery Maintenance Mechanic	29.63
23550 - Machinist Maintenance	23.12
23580 - Maintenance Trades Helper	16.91
23591 - Metrology Technician I	33.96
23592 - Metrology Technician II	35.96
23593 - Metrology Technician III	37.37
23640 - Millwright	31.69
23710 - Office Appliance Repairer	21.82
23760 - Painter Maintenance	24.42
23790 - Pipefitter Maintenance	31.15
23810 - Plumber Maintenance	29.34
23820 - Pneudraulic Systems Mechanic	31.69
23850 - Rigger	31.69
23870 - Scale Mechanic	28.05
23890 - Sheet-Metal Worker Maintenance	32.24
23910 - Small Engine Mechanic	24.78
23931 - Telecommunications Mechanic I	30.44
23932 - Telecommunications Mechanic II	32.24
23950 - Telephone Lineman	34.11
23960 - Welder Combination Maintenance	25.85
23965 - Well Driller	31.69
23970 - Woodcraft Worker	31.69
23980 - Woodworker	24.24
24000 - Personal Needs Occupations	
24550 - Case Manager	19.09
24570 - Child Care Attendant	14.50***
24580 - Child Care Center Clerk	18.08
24610 - Chore Aide	14.35***
24620 - Family Readiness And Support Services Coordinator	19.09
24630 - Homemaker	19.09

25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	40.46
25040 - Sewage Plant Operator	33.11
25070 - Stationary Engineer	40.46
25190 - Ventilation Equipment Tender	28.37
25210 - Water Treatment Plant Operator	33.11
27000 - Protective Service Occupations	
27004 - Alarm Monitor	24.99
27007 - Baggage Inspector	14.87***
27008 - Corrections Officer	44.89
27010 - Court Security Officer	42.20
27030 - Detection Dog Handler	16.64
27040 - Detention Officer	44.89
27070 - Firefighter	42.20
27101 - Guard I	14.87***
27102 - Guard II	16.64
27131 - Police Officer I	35.19
27132 - Police Officer II	39.10
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	17.71
28042 - Carnival Equipment Repairer	19.31
28043 - Carnival Worker	14.00***
28210 - Gate Attendant/Gate Tender	17.57
28310 - Lifeguard	14.47***
28350 - Park Attendant (Aide)	19.64
28510 - Recreation Aide/Health Facility Attendant	14.33***
28515 - Recreation Specialist	24.32
28630 - Sports Official	15.63
28690 - Swimming Pool Operator	22.35
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	28.65
29020 - Hatch Tender	28.65
29030 - Line Handler	28.65
29041 - Stevedore I	26.76
29042 - Stevedore II	30.50
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist Center (HFO) (see 2)	47.44
30011 - Air Traffic Control Specialist Station (HFO) (see 2)	32.72
30012 - Air Traffic Control Specialist Terminal (HFO) (see 2)	36.03
30021 - Archeological Technician I	19.91
30022 - Archeological Technician II	26.44
30023 - Archeological Technician III	27.27
30030 - Cartographic Technician	30.50
30040 - Civil Engineering Technician	30.25
30051 - Cryogenic Technician I	29.05
30052 - Cryogenic Technician II	32.09
30061 - Drafter/CAD Operator I	19.91
30062 - Drafter/CAD Operator II	26.44
30063 - Drafter/CAD Operator III	26.80
30064 - Drafter/CAD Operator IV	32.98
30081 - Engineering Technician I	19.05
30082 - Engineering Technician II	21.38
30083 - Engineering Technician III	23.92
30084 - Engineering Technician IV	29.63
30085 - Engineering Technician V	36.25
30086 - Engineering Technician VI	43.85
30090 - Environmental Technician	26.33
30095 - Evidence Control Specialist	26.23
30210 - Laboratory Technician	24.11
30221 - Latent Fingerprint Technician I	28.41
30222 - Latent Fingerprint Technician II	31.39
30240 - Mathematical Technician	27.58
30361 - Paralegal/Legal Assistant I	23.03
30362 - Paralegal/Legal Assistant II	28.53
30363 - Paralegal/Legal Assistant III	34.90

30364 - Paralegal/Legal Assistant IV		42.20
30375 - Petroleum Supply Specialist		32.09
30390 - Photo-Optics Technician		27.58
30395 - Radiation Control Technician		32.09
30461 - Technical Writer I		29.04
30462 - Technical Writer II		35.52
30463 - Technical Writer III		42.97
30491 - Unexploded Ordnance (UXO) Technician I		30.15
30492 - Unexploded Ordnance (UXO) Technician II		36.48
30493 - Unexploded Ordnance (UXO) Technician III		43.72
30494 - Unexploded (UXO) Safety Escort		30.15
30495 - Unexploded (UXO) Sweep Personnel		30.15
30501 - Weather Forecaster I		29.05
30502 - Weather Forecaster II		35.34
30620 - Weather Observer Combined Upper Air Or Surface Programs	(see 2)	26.80
30621 - Weather Observer Senior	(see 2)	27.27
31000 - Transportation/Mobile Equipment Operation Occupations		
31010 - Airplane Pilot		36.48
31020 - Bus Aide		13.48***
31030 - Bus Driver		19.18
31043 - Driver Courier		16.82
31260 - Parking and Lot Attendant		14.29***
31290 - Shuttle Bus Driver		17.04
31310 - Taxi Driver		17.03
31361 - Truckdriver Light		18.35
31362 - Truckdriver Medium		19.83
31363 - Truckdriver Heavy		22.75
31364 - Truckdriver Tractor-Trailer		22.75
99000 - Miscellaneous Occupations		
99020 - Cabin Safety Specialist		17.79
99030 - Cashier		14.00***
99050 - Desk Clerk		15.22
99095 - Embalmer		29.24
99130 - Flight Follower		30.15
99251 - Laboratory Animal Caretaker I		17.52
99252 - Laboratory Animal Caretaker II		19.01
99260 - Marketing Analyst		29.95
99310 - Mortician		29.24
99410 - Pest Controller		18.59
99510 - Photofinishing Worker		15.84
99710 - Recycling Laborer		25.46
99711 - Recycling Specialist		30.78
99730 - Refuse Collector		24.30
99810 - Sales Clerk		14.44***
99820 - School Crossing Guard		15.83
99830 - Survey Party Chief		38.09
99831 - Surveying Aide		25.28
99832 - Surveying Technician		34.64
99840 - Vending Machine Attendant		21.63
99841 - Vending Machine Repairer		27.30
99842 - Vending Machine Repairer Helper		21.63

***Workers in this classification may be entitled to a higher minimum wage under Executive Order 14026 ($15.00 per hour) or 13658 ($11.25 per hour). Please see the Note at the top of the wage determination for more information. Please also note that the minimum wage requirements of Executive Order 14026 and 13658 are not currently being enforced as to contracts or contract-like instruments entered into with the federal government in connection with seasonal recreational services or seasonal recreational equipment rental for the general public on federal lands.

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2017. If this contract is covered by the EO the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness injury or other health-related needs including preventive care; to assist a family member (or person who is like family to the employee) who is ill injured or has other health-related needs including preventive care; or for reasons resulting from or to assist a family member (or person who is like family to the employee) who is the victim of domestic violence sexual assault or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: $4.80 per hour up to 40 hours per week or $192.00 per week or $832.00 per month

HEALTH & WELFARE EO 13706: $4.41 per hour up to 40 hours per week or $176.40 per week or $764.40 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor 3 weeks after 5 years and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of eleven paid holidays per year: New Year's Day Martin Luther King Jr.'s Birthday Washington's Birthday Memorial Day Juneteenth National Independence Day Independence Day Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: This wage determination does not apply to any individual employed in a bona fide executive administrative or professional capacity as defined in 29 C.F.R. Part 541. (See 41 C.F.R. 6701(3)). Because most Computer Systems Analysts and Computer Programmers who are paid at least $27.63 per hour (or at least $684 per week if paid on a salary or fee basis) likely qualify as exempt computer professionals under 29 U.S.C. 213(a)(1) and 29 U.S.C. 213(a)(17) this wage determination may not include wage rates for all occupations within those job families. In such instances a conformance will be necessary if there are nonexempt employees in these job families working on the contract.

Job titles vary widely and change quickly in the computer industry and are not determinative of whether an employee is an exempt computer professional. To be exempt computer employees who satisfy the compensation requirements must also have a primary duty that consists of:

(1) The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;

(2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and

related to user or system design specifications).

(3) The design documentation testing creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).

Any computer employee who meets the applicable compensation requirements and the above duties test qualifies as an exempt computer professional under both section 13(a)(1) and section 13(a)(17) of the Fair Labor Standards Act. (Field Assistance Bulletin No. 2006-3 (Dec. 14 2006)). Accordingly this wage determination will not apply to any exempt computer employee regardless of which of these two exemptions is utilized.

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

** HAZARDOUS PAY DIFFERENTIAL **

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning

Case 1:22-cv-00586-CDB Document 64-1 Filed 07/21/23 Page 1383 of 1402
and maintenance at a rate of $3.35 per week (or $0.67 cents per day). However in those instances where the uniforms furnished are made of ""wash and wear"" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE Standard Form 1444 (SF-1444) **

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are included in a contract a separate SF-1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

1) When preparing the bid the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).

2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.

3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).

4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.

6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the "Service Contract Act Directory of Occupations"" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1)).

** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS **

The duties of employees under job titles listed are those described in the ""Service Contract Act Directory of Occupations"" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated."

U.S. Immigration and Customs Enforcement

December 07, 2022

MEMO FOR: GEO Group, Inc.

FROM: Ms. Natasha T. Nguyen, Contracting Officer
ICE Office of Acquisition (OAQ)
Detention, Compliance and Removals (DCR)

SUBJECT: Transgender Care

1. Transgender Care

This guidance complements existing ICE detention standards, ICE Policy 11062; Sexual Abuse and Assault Prevention and Intervention (SAAPI) (May 22, 2014), and the requirements of the U.S. Department of Homeland Security (DHS) regulation titled, "Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities,"79 Fed. Reg. 13,100 (Mar. 7, 2014), hereafter DHS PREA Standards.

ICE will provide a respectful, safe, and secure environment for all non-citizens, including those individuals who identify as transgender and who are generally at a higher risk of victimization in detention. Discrimination or harassment of any kind based on a non-citizen's actual or perceived sexual orientation or gender identity is strictly prohibited. SEE ATTACHMENTS 2(a)-- Best Practices for the Care of Transgender Non-citizens in Detention; 2(b)--Sample Contract Attachments; and 2(c)--Transgender Classification and Care Committee Determination Question Guide and Individualized Detention Plan (Template).

ATTACHMENT 2 – Transgender Care

The contractor shall meet transgender care requirements, including the establishment and operation of a multidisciplinary Transgender Classification and Care Committee, responsible for constructing an individualized detention plan for each self-identified transgender non-citizen in detention. To further support you with implementation, identification, and care requirements, ICE is providing Best Practices and a Transgender Question Determination Guide and Individualized Detention Plan (Template).

- ATTACHMENT 2(a)--Best Practices for the Care of Transgender Non-citizens in Detention
- ATTACHMENT 2(b)--Sample Contract Attachments X, Y, Z—Transgender Care
- ATTACHMENT 2(c)--Transgender Classification and Care Committee Determination Question Guide and Individualized Detention Plan (Template)

NOTICE: ICE Transgender Care policies and procedures apply regardless of when a detained non-citizen discloses their transgender identity.

Intake: The facility should update local data systems used to capture non-citizen information or develop a separate process, as needed, to record a non-citizen's self-identification as transgender. If at any time during the intake process facility staff determine additional privacy is needed, to the extent practicable, staff should make appropriate accommodations to converse with the non-citizen in private.

Staff Communication: All facility staff communication with a detained non-citizen should be conducted in a language and manner the non-citizen understands. Facility staff should interact with transgender non-citizens in a manner that is professional, respectful, and courteous. Facility staff should refer to transgender non-citizens by their preferred pronouns and chosen name, where known and applicable, to promote a respectful and stable environment. If common practice is to refer to non-citizens by last name, then facility staff may do so. The individual's preferred name and pronouns should be documented in their Individualized Detention Plan (see below) and detention file.

Privacy: A non-citizen's self-identification as transgender is considered sensitive information; it should not be shared with other non-citizens or staff who do not have a need to know the information and should not be used to the non-citizen's detriment.

INDIVIDUALIZED ASSESSMENT

Transgender Classification and Care Committee: The facility shall establish a Transgender Classification and Care Committee (TCCC) comprised of a facility medical and behavioral health representative (this may be two positions, one representing medical care and another representing behavioral health, should ERO and the facility desire); facility classification supervisor; the IHSC Field Medical Coordinator (FMC); ERO Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Intersex (LGBTQI+) Field Liaison; and a supervisory representative designated by the Field Office Director (FOD)- this person may also be the ERO LGBTQI+ Field Liaison.

The TCCC can also include other facility and ERO staff members as desired, including, where available, a contracted ERO Custody and Resource Coordinator (CRC). The TCCC shall be chaired jointly by a representative from the facility and an ERO representative, preferably the ERO LGBTQI+ Field Liaison.

Detainee Preferences and Requests: Any communication between facility representative(s) and a non-citizen should be in a language and manner the non-citizen can understand. During their initial meeting with the transgender non-citizen, the facility medical and/or behavioral health representative(s) and/or the contracted ERO CRC may choose to use the provided Determination Question Guide template (see Attachment 3) to record the non-citizen's preferences. If the facility chooses not to use this template, the facility shall record preferences using a template of their choice. A copy of the non-citizen's responses shall be kept in the non-citizen's detention file. The results of this interview, including the non-citizen's preferences and requests, should be shared during the TCCC meeting (see below).

TCCC Assessment Considerations: As part of the transgender classification assessment, the TCCC should, at a minimum, consider: the non-citizen 's self-identification; record and available documentation, including forms and notes from initial processing, medical/behavioral health records, booking records, identification documents, etc.; and observations provided by medical or behavioral health representative(s), to include those based upon the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for the diagnosis of Gender Dysphoria.

TCCC Individualized Detention Plan: Aside from safety or security concerns, the TCCC should try where feasible to accommodate the non-citizen's preferences. The facility may choose to use the provided Individualized Detention Plan (IDP) template (see Attachment 3) to record their decisions. If the facility chooses not to use this template, the facility shall record decisions using a template of their choice. The final IDP shall be forwarded to the facility classification supervisor soon after the TCCC meeting. A copy of the IDP should be kept in the non-citizen's detention file to be used for future reference and/or inquiries, as needed. A summary of the IDP should also be provided to the non-citizen The facility may choose to use the provided Detention Plan- Non-citizen Summary template (see Attachment 3) or a template of their choice.

Housing*:* The TCCC shall generally consider housing the transgender non-citizen according to their preference, including by their gender identity, sex assigned at birth, in protective custody, or in an ICE dedicated housing unit for transgender non-citizens. Placement into administrative segregation due to a non-citizen's identification as transgender should be used only as a last resort and when no other housing option exists. When making the housing decision, the TCCC shall consider the safety and security of the non-citizen, other non-citizens, and the facility staff.

All detained transgender non-citizens should be provided with a reasonably private environment for bathing and toilet facilities, consistent with privacy and security considerations afforded to other non-citizens in detention. This is particularly important for this population, as some transgender non-citizens may have undergone surgical procedures as part of their transition.

SECURITY

Searches: Consistent with PBNDS 2011 and U.S. Department of Homeland Security (DHS) policies and standards, including the DHS Prison Rape Elimination Act (PREA), searches of transgender non-citizens shall be performed by an officer of the same gender/gender identity as the non-citizen (e.g., a transgender woman (male to female) should be searched by a female officer). Further, per PBNDS 2011, special care should be taken to ensure non-citizens are strip searched in private. As always, searches should be conducted in a professional and respectful way, in the least restrictive manner possible, and consistent with security needs. At no time shall any search be conducted solely for the purpose of determining a non-citizen's biological sex.

DETAINEE SERVICES AND CARE

Medical Care: Initial medical screening at the facility shall inquire into a non-citizen's gender self-identification and history of transition-related care. Further, transgender non-citizens who were already receiving hormone therapy when taken into ICE custody shall have continued access to such treatment; all transgender non-citizens shall have access to behavioral health care and other transgender-related health care and medication (including hormone therapy) based on medical need and eligibility (regardless of the level of services received or lack of services prior to detention). Any treatment shall follow accepted guidelines regarding medically necessary transition related care.

TRAINING, PROGRAMMING, AND RESOURCES

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex + (LGBTQI+) Subject Matter Expert and Primary Point of Contact: The facility shall designate certain personnel as a resource to consult when transgender-related issues and needs arise. The name and contact information of the designated employee should be provided to ERO. ICE will also designate a local ERO field office liaison to serve as a resource for the facility. The name and contact information of the designated employee will be provided to the facility. The facility should coordinate questions and/or matters related to transgender non-citizens with the designated ERO field liaison.

Training: To ensure competency in their assigned duties, facility staff (including health care) who will interact with transgender detainees should receive specialized training geared toward this population. While ERO may provide in-person and/or webinar training related to transgender sensitivity and detainee care and specific instruction on the provisions of transgender care (to include applicable ICE standards and DHS PREA provisions), the facility shall provide applicable training to its staff, particularly health care staff and others assigned to work in unit where transgender non-citizens will be housed. ERO may also offer the facility a training DVD addressing medical care of transgender patients. The facility shall facilitate access for trainers to the facility grounds, as needed.

Custody and Resource Coordinator: As feasible, ERO will hire and assign a contracted Custody and Resource Coordinator (CRC) to the facility. The ERO CRC has a degree in social work, or related field, is fluent in Spanish, and is experienced in providing specialized services to vulnerable populations. The name and contact information of the contracted ERO CRC will be provided to the facility. The facility shall facilitate access for the ERO CRC to the facility grounds and non-citizens, as needed. ERO and

facility staff may also rely on the ERO CRC for various functions, including assisting non-citizens with removal or release planning, addressing facility concerns/questions about specific non-citizens, and conducting informal programming for detained non-citizens.

Transgender Programming: The facility shall provide the transgender population equal access to programming and services made available to other populations at the facility. In addition to programming provided by the facility, ERO may identify and engage with local non-government organization (NGO), academic, and other partners to provide programming suitable for the detained transgender population. ERO may also rely on the contracted CRC to conduct informal programming for this population. The facility should facilitate access for the ERO CRC and provider(s) to the facility grounds and non-citizens, as needed.

ATTACHMENT 2(b)

Transgender Requirement

The service provider shall comply with the following requirements related to the care and custody of transgender non-citizens:

1) Intake: Upon arrival at the detention facility, intake personnel shall review the non-citizen's record and documentation. If the record indicates the non-citizen's gender identity differs from his/her biological sex, intake personnel shall only ask questions related to gender identity when such information is necessary to ensure the safety and security of other non-citizens and staff. In addition, the facility shall ensure that sensitive information, such as the non-citizen's gender identity, is not used to the non-citizen's detriment by facility personnel or other non-citizens.

a. Intake personnel shall accurately record the non-citizen as transgender. The non-citizen shall be treated as a protective custody non-citizen for the duration of the intake process.

b. The non-citizen shall be temporarily housed (i.e., in a location away from the general population, to include in a medical unit or protective custody) for no more than 72 hours (excluding weekends, holidays, and exigent circumstances) until classification, housing, and other needs can be assessed by a Transgender Classification and Care Committee as delineated below. In particular, placement into administrative segregation due to a non-citizen's identification as transgender should be used only as a last resort and when no other viable housing options exist.

2) Transgender Classification and Care Committee

a. The facility shall create and operate a Transgender Classification and Care Committee (TCCC).

b. In facilities **staffed** by the ICE Health Service Corps (IHSC):

i) The TCCC shall be comprised of a dedicated facility medical representative, facility mental health representative, a facility classification supervisor, the Enforcement and Removal Operations (ERO) Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Field Liaison, and a supervisory representative designated by the Field Office Director FOD) (the supervisory representative from the ERO FOD can be the ERO LGBTI Field Liaison).

ii) The TCCC may utilize remote forms of communication (i.e., phone or video teleconference) to facilitate meetings and other activities.

c. For facilities **not staffed** by IHSC:

i) The TCCC shall include the IHSC Field Medical Coordinator (FMC), in addition to a dedicated facility medical representative, a facility mental health representative, a facility classification supervisor, the ERO LGBTI Field Liaison, and a supervisory representative designated by the FOD (at the FOD's discretion, the supervisory representative can include the ERO LGBTI Field Liaison).

d. The TCCC shall be chaired jointly by a representative from the facility and an ERO representative, preferably the ERO LGBTI Field Liaison.

e. The facility staff members, including medical and mental health personnel, will have appropriate training and experience in working with transgender persons.

3) Transgender Classification and Care Committee Determinations:

a. ***Meeting with the Non-citizen:*** In preparation for the TCCC meeting, the TCCC designated facility medical representative(s) shall meet with the non-citizen as soon as practicable after the non-citizen's arrival to the facility to gather information necessary to solicit the non-citizen' s preferences and requests with regard to housing, searches[1], and other matters. The ERO LGBTI Field Liaison may also participate in any meeting with the non-citizen. The communication between the TCCC representative(s) and the non-citizen shall be in a language and manner the non-citizen can understand and should be conducted using the TCCC Determination Question Guide provided at the conclusion of this document.

b. ***Meeting of the TCCC:*** The TCCC shall meet and provide a classification assessment no later than 72 hours (excluding weekends, holidays, and emergencies) after the non-citizen's arrival to the facility to assess medical, psychological, housing, and other needs.

c. ***Classification Assessment:*** As part of the transgender classification assessment, the TCCC shall, at a minimum, consider:

i) The non-citizen's self-identification.

ii) An assessment of the effect of possible placements on the non-citizen's health and safety, conducted by a medical or mental health professional (which may coincide with the full medical assessment done in accordance with the applicable ICE detention standards).

iii) The non-citizen's record and available documentation, including forms and notes from initial processing, medical/mental health records, booking records, identification documents, etc.; and

iv) Observations provided by medical or mental health representative(s), to include those based upon the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for the diagnosis of Gender Dysphoria.

d. ***Detention Plan:*** Once the TCCC determines the non-citizen's transgender classification, the TCCC shall construct an individualized Detention Plan for each transgender non-citizen. As part of its Detention Plan assessment, the TCCC shall, at a minimum, consider:

i) All records and prior assessments, including medical/mental health records, and an assessment of the effects of any housing placement on the non-citizen's health and safety that has been conducted by a medical or mental health professional.

ii) The non-citizen's preferences and requests.

iii) The non-citizen's self-assessment of his or her safety needs (i.e., does the non-citizen feel threatened or at risk of harm?).

iv) The non-citizen's documented criminal history and past and/or current behavior.

v) The TCCC's determination of the non-citizen's safety/security needs, including

[1] Whenever practicable, the non-citizen's request should be honored but not to the detriment of the safety and security of the facility or facility staff.

documented and self-reported history of sexual assault, victimization, or predatory behavior.

vi) The non-citizen's physical, medical, or mental health, or special needs.

vii) Privacy issues, including showers, single cell sleeping arrangements, etc.

viii) Available beds and/or housing.

ix) Whether the housing assignment would pose a safety risk to other non-citizens *(See* Section 3.e.ii "Safety, Security, and Privacy"); and

x) Effects of housing assignment on resources, including facility staff.

e. ***Requirements within the Detention Plan:*** Consistent with existing ICE policy and detention standards, the individualized Detention Plan shall, at a minimum, contain the following requirements:

i) Housing Assignment: Options to include:

a. General housing consistent with the non-citizen's biological sex.
b. General housing consistent with the non-citizen's gender identity.
c. A protective custody unit; or
d. Medical or administrative segregation.

ii) Safety. Security and Privacy: The TCCC shall address the safety, security, and privacy needs for both the transgender non-citizen and the general detention population when assessing the housing assignment. Discussion(s) may include guidance on appropriate staffing levels in the housing option assigned (e.g., single or shared cell, or dormitory housing).

iii) Hygiene: Consistent with ICE detention standards, facility staff shall ensure that transgender non-citizens are able to maintain acceptable personal hygiene practices consistent with their gender identity and that ensure their safety. Transgender non-citizens shall be provided the opportunity to shower in a setting that ensures safety and privacy.

iv) Clothing and Commissary: Transgender non-citizens will be provided undergarments consistent with their gender identity as assessed by the TCCC. Transgender non-citizens shall be issued standard detention attire consistent with their assigned housing unit. Transgender non-citizens shall also be allowed to possess or purchase through the commissary those hygiene and personal items that are consistent with their Detention Plan.

v) Searches: As prescribed by standard 2.10 of lCE's 2011 *Performance-Based National Detention Standards (PENDS),* the transgender non-citizen's preference as to the gender of the officer that will perform any necessary pat-down and strip searches will be considered by the TCCC when drafting the Detention Plan and followed by detention facility staff accordingly. Also, with regards to strip searches only, and pursuant to standard 2. IO of lCE's 2011 *PENDS,* special care should be taken to ensure that transgender non-citizens are searched in private. Searches shall be conducted in a professional and respectful manner, and in the least restrictive manner possible, consistent with security needs. Pursuant to DHS PREA Standards, at no time shall any search be conducted solely for the purpose of determining a non-citizen's biological sex. Requests for transgender non-citizens to remove appearance related items such as prosthetics, clothing that conveys gender identity, wigs,

and cosmetics shall be consistent with requirements for the removal of similar items for other non-transgender non-citizens. All strip searches shall be documented.

vi) Staff Communication: Detention facility staff shall refer to transgender non-citizens by their preferred pronouns.

vii) Medical Care: Pursuant to existing ICE detention standards, transgender non-citizens who were already receiving hormone therapy when taken into ICE custody shall have continued access to hormone therapy; those who have not yet begun treatment will be assessed and treated, if deemed medically necessary and safe in the context of their other medical conditions. All transgender non-citizens shall have access to continued mental health care and other transgender-related health care based on medical need. Medical care for transgender non-citizens shall be provided by qualified and appropriate medical professionals and administered pursuant to the applicable ICE detention standards.

f. ***Decision:*** The TCCC will attempt to reach consensus on all decisions.

i) The TCCC shall retain summary notes of each meeting to document persons attending and conclusions reached. A copy of the notes shall be placed in the non-citizen' s detention file.

ii) Absent extraordinary circumstances, a written Detention Plan by the TCCC for the non-citizen, including housing assignment, shall be forwarded to the facility classification supervisor within 72 hours (excluding weekends, holidays, and emergencies) of the non-citizen's arrival at the facility, and maintained in the non-citizen's detention file; a copy of the plan and housing assignment shall also be provided to the non-citizen.

g. ***Implementation of Detention Plan:*** The classification supervisor shall notify line staff of the TCCC's Detention Plan and housing assignment decision.

i) Detention facility staff shall follow the Detention Plan outlined by the TCCC. If a detention facility staff member identifies a safety or security risk posed by the TCCC's plan? the staff member must inform the TCCC directly or must notify his/her supervisor as soon as practicable, and that supervisor must notify the TCCC. The TCCC shall review the case and make adjustments to the Detention Plan, if necessary, within 72 hours (excluding weekends, holidays, and emergencies) of receiving notification.

ii) In the case of an immediate threat to the safety or security of the transgender non-citizen or others, the detention facility staff may make a temporary change(s) to the TCCC's plan (to include housing assignment) but should notify the TCCC as soon as possible. Only the TCCC can approve permanent change(s) to the Detention Plan.

ii) In the case of an immediate threat to the safety or security of the transgender non-citizen or others, the detention facility staff may make a temporary change(s) to the TCCC's plan (to include housing assignment) but should notify the TCCC as soon as possible. Only the TCCC can approve permanent change(s) to the Detention Plan.

h. ***Reassessment:*** The TCCC shall reassess a transgender non-citizen's Detention Plan and housing assignment after 30 days following the initial determination and then every 60 days thereafter or at any other time if additional relevant information becomes known or 3following any incident of victimization or threats to safety experienced by the non-citizen. As part of its reassessment, the TCCC shall, at a minimum, consider:

i) Changes in the trans gender non-citizen' s housing preferences.

ii) Variations in the non-citizen's medical and/or mental health status.

iii) Safety/security of the non-citizen, other non-citizens, and/or facility staff. Further Guidance Regarding the Care of Transgender Non-citizens

iv) Any threats to safety experienced by the non-citizen.

v) Continued availability of housing; and

vi) The detention facility's documented concerns.

TCCC Determination Questions Guide

In preparation for the TCCC meeting, the designated facility medical representative(s), shall meet with the detainee no later than 72 hours (excluding weekends, holidays, and emergencies) after the detainee's arrival to the facility to gather information necessary to verify the transgender classification, and to solicit detainee's preferences and requests with regards to housing, searches, and other matters. The ERO LGBTI Field Liaison may also participate in any meeting with the detainee.

SEE – Transgender Classification and Care Committee Determination Question Guide (Template)

PREA and PBNDS Requirements Related to Transgender Non-citizens

Pursuant to Section 3(e) of this memorandum, applicable requirements from ICE detention standards and the DHS PREA Standards include:

a) Classification and Housing

i) At facilities governed by the DHS PREA Standards or PBNDS 2011, facility staff must consider the non-citizen's gender self-identification and an assessment of the effects of placement on the non-citizen's health and safety, when making classification and housing decisions for transgender or intersex non-citizens. A medical or mental health professional must be consulted as soon as practicable on this assessment. The facility may not base placement decisions solely on identity documents or the physical anatomy of the non-citizen; rather, a non-citizen's self-identification and self-assessment of safety needs must always be taken into consideration as well.

ii) At facilities governed by PBNDS 2008 or NDS, and which use ICE's Non-citizen Classification System, facility staff must take into consideration and document whether a non-citizen requires protective custody to ensure his/her safety and wellbeing, such as because of perceived or actual sexual orientation or gender identity.

b) Showering and Privacy

i) At facilities governed by the DHS PREA Standards, transgender and intersex non-citizens must be given the opportunity to shower separately from other non-citizens when operationally feasible.

ii) At facilities governed by PBNDS 2011 or PBNDS 2008, transgender non-citizens must be provided with a reasonably private environment for bathing and toilet facilities, in accordance with safety and security needs.

c) Personal Hygiene and Grooming

i) The detention standards do not restrict the provision of gender appropriate clothing. In general, brassieres should be provided to individuals who request them, as appropriate.

ii) At facilities governed by PBNDS 2011 or PBNDS 2008, transgender non-citizens should be allowed freedom in personal grooming, and access to commissary items (including those appropriate for the non-citizen's identified gender) absent a valid safety, security, or medical concern that is fully justified and documented.

d) Medical Care

i) At facilities governed by PBNDS 2011, initial medical screening must inquire into a transgender non-citizen's gender self-identification and history of transition-related care. Transgender non-citizens who were already receiving hormone therapy when taken into ICE custody shall be provided continued access, and all transgender non-citizens must have access to mental health care and other transgender-related health care and medication (such as hormone therapy) based on medical need. Treatment must follow accepted guidelines regarding medically necessary transition-related care.

Definitions

The following definitions apply for purposes of this agreement only:

1. Biological Sex. An individual's biological status as either male or female, typically assigned at birth, and associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy.

2. Non-citizen. An individual detained in ERO custody.

3. Detention Plan. A plan for a transgender non-citizen, constructed by the Transgender Classification and Care Committee at an ICE detention facility with instructions for how to address issues including, but not limited to, housing, clothing, showering, grooming, name and pronoun use, recreation, programming, escort, transportation, searches, privacy, etc.

4. Diagnostic and Statistical Manual of Mental Disorders (DSM). The standard classification of mental disorders used by mental health professionals in the United States as published by the American Psychiatric Association. DSM-5 (Fifth Edition) is the most current edition of the drafting of this guidance.

5. Gender Affirming Surgery. Surgical alteration of male or female genitals, or the reshaping, by any surgical procedure, of a male body into a body with female appearance, or vice versa. Also referred to as "sex reassignment surgery (SRS)," "gender reassignment surgery (ORS)," or by other names. Note: gender affirming surgery is the preferred name.

6. Gender Dysphoria. Medical diagnosis in the American Psychiatric Association's DSM-5 that describes the distress that may accompany the incongruence between an individual's experienced or expressed gender and the individual's biological sex. This was previously known as Gender Identity Disorder.

7. Gender Expression. The ways in which an individual communicates/displays his/her gender identity to others; a combination of appearance, demeanor, and behavior.

8. Gender Identity. An individual's internal sense of being a man, woman, or another gender. It is not necessarily based on the individual's biological sex or on the individual's sexual orientation. Because gender identity is internal, it is not necessarily visible to others, but may be externally manifested in the individual's appearance, behavior, demeanor, or other aspects of the individual's life.

9. Gender Non-Conforming. Having an appearance or manner that does not conform to traditional societal gender expectations.

10. Intersex. Having sexual or reproductive anatomy or chromosomal pattern that do not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

11. LGBTI. The acronym for Lesbian, Gay, Bisexual, Transgender, and lntersex.

12. Sexual Orientation. A pattern of romantic, emotional, physical, and/or sexual attraction towards members of the same, opposite, or both sexes. Includes homosexuality, heterosexuality, and bisexuality.

13. Transgender. A person whose gender identity (i.e., internal sense of feeling male or female) is different from the sex assigned to the person at birth.

14. Transgender Classification and Care Committee (TCCC). The detention facility committee that gathers information and assesses the gender identity of the non-citizen and produces and regularly assesses a Detention Plan for a transgender non-citizen.

15. Transgender man. An individual who is a biological female and has a gender identity as a man.

16. Transgender woman. An individual who is a biological male and has a gender identity as a woman.

17. Transition. The process by which an individual changes his/her gender from that assigned at birth to one with which he/she now identifies. This may include making personal, legal, and medical changes to his/her gender, such as changing his/her name and/or gender on legal documents; undergoing hormone therapy; and/or undergoing one or more forms of surgery.

ATTACHMENT 2(c)

Transgender Classification and Care Committee Determination Question Guide (Template)

Name:

A#:

Instructions: *The Transgender Classification and Care Committee's (TCCC) designated facility medical and/or behavioral health representative(s) shall meet with the non-citizen prior to the TCCC meeting (i.e., no later than 72 hours, excluding weekends, holidays, and emergencies) to gather information necessary to the TCCC's deliberations. A copy of the non-citizen's responses during this meeting shall be kept in their detention file. Any communication between the TCCC representative(s) and the non-citizen should be in a language and manner the non-citizen can understand.*

Administrative Information
Who administered this Question Guide? Click here to enter text.
When was this guide administered? Click here to enter a date.

Personal Information
Do you identify as transgender? Choose an item.
Do you go by or use any other name(s)? Click here to enter text.
What pronoun(s) do you prefer others use to refer to you? Choose an item.

Medical Issues
Prior to coming here, were you taking any hormonal medications? Click here to enter text. If yes, what were they? Click here to enter text. If yes, how often were you taking them? Click here to enter text. If yes, were they prescribed by a doctor? Click here to enter text. If no, would you like to be assessed for hormone treatment? Click here to enter text.

Hygiene and Grooming
Do you prefer to wear clothing for men or women? Click here to enter text.
Are there any specific clothing items that you need that have not been provided? Click here to enter text.
Are there any specific personal hygiene items that you need that have not been provided? Click here to enter text.

Housing
In general, would you prefer to be housed with females, males, or in a dedicated transgender housing unit? Choose an item. Do you feel you are at risk for your safety based on your gender identity? Choose an item. Would you feel safer being housed with males or females? Choose an item. Would you feel safer being housed with people who are transgender? Choose an item. Would you feel safer being housed in a cell with someone else or by yourself? Choose an item.

Programming
Do you feel comfortable being around **male** non-citizens during group activities? Choose an item. Do you feel comfortable being around **female** non-citizens during group activities? Choose an item. If no to any of the above, would you prefer to be separated from males, females, or both? Choose an item.
Do you feel that complete separation or specific types of safeguards (e.g., staff escort) would address your concerns? Choose an item. If yes, what types of safeguards do you feel you require? Click here to enter text.

Searches
Do you have a preference for whether a male or female officer searches you? Choose an item. If yes, what would you prefer? Choose an item.

Other Items
Is there anything else we should know about you related to being transgender? Click here to enter text.
Are there any other specific precautions and/or accommodations you think you would like to have to ensure your safety and welfare while at this facility? Click here to enter text.

Individualized Detention Plan (Template)

Name:

A#:

Instructions: *The Transgender Classification and Care Committee (TCCC) facility Chair, or their designee, shall fill out all the Individualized Detention Plan (IDP) fields below in accordance with all records and assessments, as appropriate. The IDP, once completed, shall be kept in the non-citizen's file with all other records. A copy shall be forwarded to the facility classification supervisor; a summary of the IDP (see below) can also be provided to the non-citizen. The IDP should be continually reassessed and/or revised, as needed, with updates in Section 7 below.*

Section 1: TCCC Personnel Information	
Facility Name:	AOR:
Name of TCCC Chair: Click here to enter text.	Title of TCCC Chair: Click here to enter text.
TCCC Chair Phone: Click here to enter text.	TCCC Chair Email: Click here to enter text.

Section 2: Detainee Information		
Non-citizen (Legal) Name:		Preferred Name (If different): Click here to enter text.
Preferred Pronouns: Choose an item.	A#:	Preferred Housing: Choose an item.
Preference for the Gender of the Officer Conducting a Search Choose an item.		
Does non-citizen fear of being harmed in detention? Choose an item. If yes, please explain: Click here to enter text.		
Does non-citizen have a self-reported history of sexual assault? Choose an item. If yes, please explain: Click here to enter text.		
Does non-citizen have a self-reported history of victimization? Choose an item. If yes, please explain: Click here to enter text.		
Does non-citizen have a self-reported history of predatory behavior? Choose an item. If yes, please explain: Click here to enter text.		
Does non-citizen have a documented criminal history? Choose an item. If yes, please explain: Click here to enter text.		

Section 3: Housing Assignment and Safety Needs
Housing assignment selected:
Reason for assignment:
Will this assignment require safety accommodations? If yes, please list safety accommodations:

Section 4: Hygiene and Clothing
Hygiene needs indicated by the non-citizen:
Hygiene items provided:
Hygiene items available via Commissary:

Accommodations for non-citizen showering:
Undergarments provided:
Clothing provided consistent with Gender Identity:

Section 5: Medical and Mental Health
Subpart A: Hormone Therapy
Was the non-citizen receiving hormone therapy prior to entering the facility? Choose an item. If yes, how long had the non-citizen been receiving hormone therapy? Click here to enter text. If yes, how often did the non-citizen take hormones (i.e., every day)? Click here to enter text. If yes, was the non-citizen's hormone therapy regimen prescribed by a doctor? Choose an item. If no, has the non-citizen been assessed for hormone treatment? Choose an item.
If the non-citizen has been assessed for hormone therapy, what was the result? Choose an item.
Who conducted the assessment? Click here to enter text.
Subpart B: Medical Care
Is other transgender-related medical care (including hormone therapy) now required? Choose an item. If yes, what kind of care is required and how will it be provided? Click here to enter text.
Subpart C: Mental Health Care
Is other transgender-related behavioral health care required? Choose an item. If yes, what kind of care is required and how will it be provided? Click here to enter text.

Section 6: Comments and Approval
Subpart A: TCCC Chair or Designee Comments and Approval *Required where consensus is reached.*
Please include any additional comments, including a justification for housing assignment: Click here to enter text.
Before signing this document, please verify that the above information is correct. TCCC Chair or Designee name and title: Date: _____ Signature TCCC Chair or Designee name and title: Date: _____ Signature
Subpart B: LGBTQI+ Field Liaison or Designee Comments and Approval (For ICE Use Only) *Required only if consensus is not reached.*
Please include any additional comments: Click here to enter text.
Before signing this document, please verify that the above information is correct. ERO LGBTQI+ Field Liaison or Designee: _____ _____ Printed name Signature Date: _____

Section 7: Updates	
Updates	**Date of Update**

Individualized Detention Plan – Non-citizen Summary (Template)

Name:

A#:

Per the Transgender Care Memorandum, transgender non-citizens are entitled to a copy of their Individualized Detention Plan (IDP). This summary contains non-sensitive information from the IDP. If you need to access sensitive information such as medical care or behavioral health care, please consult your Deportation Officer, or call the Detention Reporting and Information Line (DRIL) at 1-888-351-4024. Language assistance for the DRIL is available as needed.

Section 1: Housing Assignment and Safety Needs
Housing assignment selected:
Reason for assignment:
Will this assignment require safety accommodations? If yes, please list safety accommodations:

Section 2: Hygiene and Clothing
Hygiene needs indicated by the detainee:
Hygiene items provided:
Hygiene items available via Commissary:
Accommodations for detainee showering:
Undergarments provided:
Clothing provided consistent with Gender Identity:

Section 3: TCCC Chair or Designee Name, Title, and Date of Plan Approval	
TCCC Chair or Designee:	Date:
TCCC Chair or Designee:	Date:

Section 4: Updates	
Updates	**Date of Update**